

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2013"/>		61997.34
(b) Cash on Hand at Beginning of Reporting Period.....	77619.34	
(c) Total Receipts (from Line 19)	15199.00	31821.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92818.34	93818.34
7. Total Disbursements (from Line 31).....	18000.00	19000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	74818.34	74818.34
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).....	10600.00	16820.00
(ii) Unitemized	4599.00	15001.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	15199.00	31821.00
(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)	15199.00	31821.00
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))..... ▶	15199.00	31821.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15199.00	31821.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	18000.00	19000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	18000.00	19000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	19000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15199.00	31821.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15199.00	31821.00
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: PAGE 6 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Christopher Amorosi

Mailing Address 57 Niskayuna Street

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Manager, Medicare Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.25129

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Christopher Amorosi

Mailing Address 57 Niskayuna Street

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Manager, Medicare Sales

Receipt For:
 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
 11 / 01 / 2013
Transaction ID : SA11AI.25130

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Christopher Amorosi

Mailing Address 57 Niskayuna Street

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Manager, Medicare Sales

Receipt For:
 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 / 15 / 2013
Transaction ID : SA11AI.25131

Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 7 OF 135
	<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. Christopher Amorosi
Full Name (Last, First, Middle Initial)

Mailing Address 57 Niskayuna Street

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Health Care Occupation Manager, Medicare Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
11 / 29 / 2013

Transaction ID : SA11AI.25132

Amount of Each Receipt this Period
10.00

B. Christopher Amorosi
Full Name (Last, First, Middle Initial)

Mailing Address 57 Niskayuna Street

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Health Care Occupation Manager, Medicare Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SA11AI.25133

Amount of Each Receipt this Period
10.00

C. Christopher Amorosi
Full Name (Last, First, Middle Initial)

Mailing Address 57 Niskayuna Street

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Health Care Occupation Manager, Medicare Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.25134

Amount of Each Receipt this Period
10.00

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: (check only one)	PAGE 8 OF 135
	<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. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir., Acct. Mgmt. & Broker Admin.
-------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.25142

Amount of Each Receipt this Period
10.00

B. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir., Acct. Mgmt. & Broker Admin.
-------------------------------------	-------------------------------------------------

Receipt For:
 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
11		01		2013

Transaction ID : SA11AI.25143

Amount of Each Receipt this Period
10.00

C. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir., Acct. Mgmt. & Broker Admin.
-------------------------------------	-------------------------------------------------

Receipt For:
 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		15		2013

Transaction ID : SA11AI.25144

Amount of Each Receipt this Period
10.00

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 9 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Nancy Arena
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Woodgreen Drive
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir., Acct. Mgmt. & Broker Admin.
 Receipt For: 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 / 29 / 2013
Transaction ID : SA11AI.25145
 Amount of Each Receipt this Period
 10.00

B. Nancy Arena
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Woodgreen Drive
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir., Acct. Mgmt. & Broker Admin.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25146
 Amount of Each Receipt this Period
 10.00

C. Nancy Arena
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Woodgreen Drive
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir., Acct. Mgmt. & Broker Admin.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25147
 Amount of Each Receipt this Period
 10.00

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 10 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.25148
 Amount of Each Receipt this Period
 60.00

B. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : SA11AI.25149
 Amount of Each Receipt this Period
 60.00

C. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 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
 08 / 09 / 2013
Transaction ID : SA11AI.25150
 Amount of Each Receipt this Period
 60.00

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:	PAGE 11 OF 135
	(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. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
08 / 09 / 2013
Transaction ID : SA11AI.25151
Amount of Each Receipt this Period
60.00

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
09 / 06 / 2013
Transaction ID : SA11AI.25152
Amount of Each Receipt this Period
60.00

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00

Date of Receipt
09 / 20 / 2013
Transaction ID : SA11AI.25153
Amount of Each Receipt this Period
60.00

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 12 OF 135
	<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. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
10 / 04 / 2013
Transaction ID : SA11AI.25154
Amount of Each Receipt this Period
60.00

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1260.00

Date of Receipt
10 / 18 / 2013
Transaction ID : SA11AI.25155
Amount of Each Receipt this Period
60.00

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1320.00

Date of Receipt
11 / 01 / 2013
Transaction ID : SA11AI.25156
Amount of Each Receipt this Period
60.00

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: PAGE 13 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25157
 Amount of Each Receipt this Period
 60.00

B. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25158
 Amount of Each Receipt this Period
 60.00

C. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25159
 Amount of Each Receipt this Period
 60.00

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: PAGE 14 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Karla Austen

Mailing Address 25 Carriage House La.

City State Zip Code
 Saratoga Spgs. NY 12866

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

Name of Employer Occupation
 MVP Health Care EVP, Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25160

Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Sue Brown

Mailing Address 9 Wembly Ct.

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 MVP Health Care, Inc. VP, EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.25195

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Sue Brown

Mailing Address 9 Wembly Ct.

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 MVP Health Care, Inc. VP, EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : SA11AI.25196

Amount of Each Receipt this Period
 30.00

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: PAGE 15 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 08 / 09 / 2013
Transaction ID : SA11AI.25197
 Amount of Each Receipt this Period
 30.00

B. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 08 / 09 / 2013
Transaction ID : SA11AI.25198
 Amount of Each Receipt this Period
 30.00

C. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 09 / 06 / 2013
Transaction ID : SA11AI.25199
 Amount of Each Receipt this Period
 30.00

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 16 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : SA11AI.25200
 Amount of Each Receipt this Period
 30.00

B. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : SA11AI.25201
 Amount of Each Receipt this Period
 30.00

C. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.25202
 Amount of Each Receipt this Period
 30.00

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 17 OF 135
	<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. Sue Brown
Full Name (Last, First, Middle Initial)

Mailing Address 9 Wembly Ct.

City Delmar	State NY	Zip Code 12054
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, EPMO
-------------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	01	/	2013

Transaction ID : SA11AI.25203

Amount of Each Receipt this Period

30.00

B. Sue Brown
Full Name (Last, First, Middle Initial)

Mailing Address 9 Wembly Ct.

City Delmar	State NY	Zip Code 12054
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, EPMO
-------------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	15	/	2013

Transaction ID : SA11AI.25204

Amount of Each Receipt this Period

30.00

C. Sue Brown
Full Name (Last, First, Middle Initial)

Mailing Address 9 Wembly Ct.

City Delmar	State NY	Zip Code 12054
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, EPMO
-------------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	29	/	2013

Transaction ID : SA11AI.25205

Amount of Each Receipt this Period

30.00

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 18 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25206
 Amount of Each Receipt this Period
 30.00

B. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25207
 Amount of Each Receipt this Period
 30.00

C. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.25208
 Amount of Each Receipt this Period
 30.00

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 19 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : SA11AI.25209

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 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
 08 / 09 / 2013

Transaction ID : SA11AI.25210

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2013

Transaction ID : SA11AI.25211

Amount of Each Receipt this Period
 30.00

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 20 OF 135
	<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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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. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 09 / 06 / 2013
Transaction ID : SA11AI.25212
 Amount of Each Receipt this Period
 30.00

B. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 09 / 20 / 2013
Transaction ID : SA11AI.25213
 Amount of Each Receipt this Period
 30.00

C. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 10 / 04 / 2013
Transaction ID : SA11AI.25214
 Amount of Each Receipt this Period
 30.00

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 21 OF 135
	<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. Carl Cameron
Full Name (Last, First, Middle Initial)

Mailing Address 285 Willowcrest Drive

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Medical Director
-------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25215

Amount of Each Receipt this Period

30.00

B. Carl Cameron
Full Name (Last, First, Middle Initial)

Mailing Address 285 Willowcrest Drive

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Medical Director
-------------------------	-----------------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25216

Amount of Each Receipt this Period

30.00

C. Carl Cameron
Full Name (Last, First, Middle Initial)

Mailing Address 285 Willowcrest Drive

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Medical Director
-------------------------	-----------------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25217

Amount of Each Receipt this Period

30.00

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 22 OF 135
	<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. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: 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 / 29 / 2013
Transaction ID : SA11AI.25218
 Amount of Each Receipt this Period
 30.00

B. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25219
 Amount of Each Receipt this Period
 30.00

C. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25220
 Amount of Each Receipt this Period
 30.00

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 135
	<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. Justin Carangelo
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Fairlawn Pkwy

City	State	Zip Code
Niskayuna	NY	12309

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

Name of Employer	Occupation
MVP	Sr. Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2013

Transaction ID : SA11AI.25228

Amount of Each Receipt this Period

10.00

B. Justin Carangelo
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Fairlawn Pkwy

City	State	Zip Code
Niskayuna	NY	12309

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

Name of Employer	Occupation
MVP	Sr. Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2013

Transaction ID : SA11AI.25229

Amount of Each Receipt this Period

10.00

C. Justin Carangelo
Full Name (Last, First, Middle Initial)

Mailing Address 2022 Fairlawn Pkwy

City	State	Zip Code
Niskayuna	NY	12309

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

Name of Employer	Occupation
MVP	Sr. Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2013

Transaction ID : SA11AI.25230

Amount of Each Receipt this Period

10.00

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 24 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Justin Carangelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2022 Fairlawn Pkwy
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Sr. Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25231
 Amount of Each Receipt this Period
 10.00

B. Justin Carangelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2022 Fairlawn Pkwy
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Sr. Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25232
 Amount of Each Receipt this Period
 10.00

C. Justin Carangelo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2022 Fairlawn Pkwy
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Sr. Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25233
 Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 25 OF 135
	<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. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
-----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25267

Amount of Each Receipt this Period

10.00

B. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
-----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25268

Amount of Each Receipt this Period

10.00

C. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
-----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25269

Amount of Each Receipt this Period

10.00

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: (check only one)	PAGE 26 OF 135
	<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. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
-----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	29	/	2013

Transaction ID : SA11AI.25270

Amount of Each Receipt this Period

10.00

B. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25271

Amount of Each Receipt this Period

10.00

C. Wendy Colin
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
-----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25272

Amount of Each Receipt this Period

10.00

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: (check only one)	PAGE 27 OF 135
	<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. Laura Davis
Full Name (Last, First, Middle Initial)

Mailing Address 212 Meriline Ave.

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : SA11AI.25284

Amount of Each Receipt this Period
20.00

B. Laura Davis
Full Name (Last, First, Middle Initial)

Mailing Address 212 Meriline Ave.

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

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

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : SA11AI.25285

Amount of Each Receipt this Period
20.00

C. Laura Davis
Full Name (Last, First, Middle Initial)

Mailing Address 212 Meriline Ave.

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

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

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
08 / 09 / 2013

Transaction ID : SA11AI.25286

Amount of Each Receipt this Period
20.00

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: PAGE 28 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laura Davis

Mailing Address 212 Meriline Ave.

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25287

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Laura Davis

Mailing Address 212 Meriline Ave.

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 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
 09 / 06 / 2013
Transaction ID : SA11AI.25288

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Laura Davis

Mailing Address 212 Meriline Ave.

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : SA11AI.25289

Amount of Each Receipt this Period
20.00

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 135
	<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. Laura Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Meriline Ave.
 City Scotia State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 10 / 04 / 2013
Transaction ID : SA11AI.25290
 Amount of Each Receipt this Period
 20.00

B. Laura Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Meriline Ave.
 City Scotia State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 10 / 18 / 2013
Transaction ID : SA11AI.25291
 Amount of Each Receipt this Period
 20.00

C. Laura Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Meriline Ave.
 City Scotia State NY Zip Code 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Clinical Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 11 / 01 / 2013
Transaction ID : SA11AI.25292
 Amount of Each Receipt this Period
 20.00

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 30 OF 135
	<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

Full Name (Last, First, Middle Initial) A. Laura Davis		Date of Receipt M M / D D / Y Y Y Y 11 / 15 / 2013 Transaction ID : SA11AI.25293
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	
Occupation Clinical Pharmacist		Aggregate Year-to-Date ▼ 460.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laura Davis		Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2013 Transaction ID : SA11AI.25294
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	
Occupation Clinical Pharmacist		Aggregate Year-to-Date ▼ 480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Laura Davis		Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2013 Transaction ID : SA11AI.25295
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	
Occupation Clinical Pharmacist		Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 31 OF 135
	<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. Laura Davis
Full Name (Last, First, Middle Initial)

Mailing Address 212 Meriline Ave.

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Clinical Pharmacist
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25296

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				20.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : SA11AI.25297

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				40.00

C. Patricia Deferio
Full Name (Last, First, Middle Initial)

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : SA11AI.25298

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				40.00

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 135
	<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	<input type="checkbox"/> 17

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

A. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25299

Amount of Each Receipt this Period

40.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25300

Amount of Each Receipt this Period

40.00

C. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 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
09		06		2013

Transaction ID : SA11AI.25301

Amount of Each Receipt this Period

40.00

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 33 OF 135
	<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. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
760.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2013

Transaction ID : SA11AI.25302

Amount of Each Receipt this Period
40.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		04		2013

Transaction ID : SA11AI.25303

Amount of Each Receipt this Period
40.00

C. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

Transaction ID : SA11AI.25304

Amount of Each Receipt this Period
40.00

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 34 OF 135
<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. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25305

Amount of Each Receipt this Period

40.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25306

Amount of Each Receipt this Period

40.00

C. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25307

Amount of Each Receipt this Period

40.00

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 35 OF 135
	<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. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25308

Amount of Each Receipt this Period
40.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25309

Amount of Each Receipt this Period
40.00

C. Michael Gauci
Full Name (Last, First, Middle Initial)
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 MVP Health Care	Occupation Associate Director
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25377

Amount of Each Receipt this Period
10.00

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 36 OF 135
	(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

Full Name (Last, First, Middle Initial) A. Michael Gauci		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2013 Transaction ID : SA11AI.25378
Mailing Address 329 Mohawk Ave Apt 4		Amount of Each Receipt this Period 10.00
City Scotia	State NY	
Zip Code 12302		Aggregate Year-to-Date ▼ 220.00
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Michael Gauci		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2013 Transaction ID : SA11AI.25379
Mailing Address 329 Mohawk Ave Apt 4		Amount of Each Receipt this Period 10.00
City Scotia	State NY	
Zip Code 12302		Aggregate Year-to-Date ▼ 230.00
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Michael Gauci		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2013 Transaction ID : SA11AI.25380
Mailing Address 329 Mohawk Ave Apt 4		Amount of Each Receipt this Period 10.00
City Scotia	State NY	
Zip Code 12302		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 37 OF 135
	<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

Full Name (Last, First, Middle Initial) A. Michael Gauci		Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2013 Transaction ID : SA11AI.25381
Mailing Address 329 Mohawk Ave Apt 4		Amount of Each Receipt this Period 10.00
City Scotia	State NY	
Zip Code 12302		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Michael Gauci		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2013 Transaction ID : SA11AI.25382
Mailing Address 329 Mohawk Ave Apt 4		Amount of Each Receipt this Period 10.00
City Scotia	State NY	
Zip Code 12302		Aggregate Year-to-Date ▼ 260.00
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Associate Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Patrick Glavey		Date of Receipt M M / D D / Y Y Y Y Y 07 / 12 / 2013 Transaction ID : SA11AI.25396
Mailing Address 165 Windemere Road		Amount of Each Receipt this Period 80.00
City Rochester	State NY	
Zip Code 14610		Aggregate Year-to-Date ▼ 1120.00
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP, Medicare Products	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 38 OF 135
	<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. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 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
07		26		2013

Transaction ID : SA11AI.25397

Amount of Each Receipt this Period
80.00

B. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25398

Amount of Each Receipt this Period
80.00

C. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25399

Amount of Each Receipt this Period
80.00

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 39 OF 135
	<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. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : SA11AI.25400

Amount of Each Receipt this Period

80.00

B. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2013

Transaction ID : SA11AI.25401

Amount of Each Receipt this Period

80.00

C. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2013

Transaction ID : SA11AI.25402

Amount of Each Receipt this Period

80.00

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 40 OF 135
	<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 (Last, First, Middle Initial)
A. Patrick Glavey

Mailing Address 165 Windemere Road

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

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1680.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2013

Transaction ID : SA11AI.25403

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
B. Patrick Glavey

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1760.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2013

Transaction ID : SA11AI.25404

Amount of Each Receipt this Period
80.00

Full Name (Last, First, Middle Initial)
C. Patrick Glavey

Mailing Address 165 Windemere Road

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

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1840.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2013

Transaction ID : SA11AI.25405

Amount of Each Receipt this Period
80.00

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 41 OF 135
	<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. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

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

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25406

Amount of Each Receipt this Period
80.00

B. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

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

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25407

Amount of Each Receipt this Period
80.00

C. Patrick Glavey
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25408

Amount of Each Receipt this Period
80.00

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 42 OF 135
	<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. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 12 / 2013
Transaction ID : SA11AI.25409

Amount of Each Receipt this Period
80.00

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 26 / 2013
Transaction ID : SA11AI.25410

Amount of Each Receipt this Period
80.00

C. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 09 / 2013
Transaction ID : SA11AI.25411

Amount of Each Receipt this Period
80.00

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 43 OF 135
	<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 (Last, First, Middle Initial) A. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1360.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>

Full Name (Last, First, Middle Initial) B. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1440.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>

Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1520.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 44 OF 135
<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 (Last, First, Middle Initial) A. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="10"/> / <input type="text" value="04"/> / <input type="text" value="2013"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1600.00"/>	
		Transaction ID : SA11AI.25415
		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>

Full Name (Last, First, Middle Initial) B. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1680.00"/>	
		Transaction ID : SA11AI.25416
		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>

Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1760.00"/>	
		Transaction ID : SA11AI.25417
		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 45 OF 135
	<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. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1840.00	

Date of Receipt
11 / 15 / 2013
Transaction ID : SA11AI.25418

Amount of Each Receipt this Period
80.00

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

Date of Receipt
11 / 29 / 2013
Transaction ID : SA11AI.25419

Amount of Each Receipt this Period
80.00

C. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt
12 / 13 / 2013
Transaction ID : SA11AI.25420

Amount of Each Receipt this Period
80.00

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 46 OF 135
	<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. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP & Chief Legal Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2080.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 27 / 2013
Transaction ID : SA11AI.25421
Amount of Each Receipt this Period
80.00

B. Daniel Harding
Full Name (Last, First, Middle Initial)
Mailing Address 310 Reserve Court
City Glenville State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Compensation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2013
Transaction ID : SA11AI.25430
Amount of Each Receipt this Period
10.00

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 15 / 2013
Transaction ID : SA11AI.25431
Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00
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 47 OF 135
	<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. Daniel Harding
Full Name (Last, First, Middle Initial)

Mailing Address 310 Reserve Court

City Glenville	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Compensation Manager
-------------------------------------	------------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25432

Amount of Each Receipt this Period

10.00

B. Daniel Harding
Full Name (Last, First, Middle Initial)

Mailing Address 310 Reserve Court

City Glenville	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Compensation Manager
-------------------------------------	------------------------------------

Receipt For:
 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
12	/	13	/	2013

Transaction ID : SA11AI.25433

Amount of Each Receipt this Period

10.00

C. Daniel Harding
Full Name (Last, First, Middle Initial)

Mailing Address 310 Reserve Court

City Glenville	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Compensation Manager
-------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25434

Amount of Each Receipt this Period

10.00

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 48 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rosemarie Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.25481
 Amount of Each Receipt this Period
 30.00

B. Rosemarie Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : SA11AI.25482
 Amount of Each Receipt this Period
 30.00

C. Rosemarie Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25483
 Amount of Each Receipt this Period
 30.00

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 49 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Rosemarie Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Crestwood Drive
 City State Zip Code
 Schenectady NY 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25484
 Amount of Each Receipt this Period
 30.00

B. Rosemarie Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Crestwood Drive
 City State Zip Code
 Schenectady NY 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.25485
 Amount of Each Receipt this Period
 30.00

C. Rosemarie Hogan
 Full Name (Last, First, Middle Initial)
 Mailing Address 45 Crestwood Drive
 City State Zip Code
 Schenectady NY 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : SA11AI.25486
 Amount of Each Receipt this Period
 30.00

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 50 OF 135
	<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. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		04		2013

Transaction ID : SA11AI.25487

Amount of Each Receipt this Period
30.00

B. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2013

Transaction ID : SA11AI.25488

Amount of Each Receipt this Period
30.00

C. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2013

Transaction ID : SA11AI.25489

Amount of Each Receipt this Period
30.00

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 51 OF 135
	<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. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25490

Amount of Each Receipt this Period

30.00

B. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25491

Amount of Each Receipt this Period

30.00

C. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25492

Amount of Each Receipt this Period

30.00

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 52 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Rosemarie Hogan

Mailing Address 45 Crestwood Drive

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.25493

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
 Fairport NY 14450

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

Name of Employer Occupation
 MVP VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013

Transaction ID : SA11AI.25507

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
 Fairport NY 14450

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

Name of Employer Occupation
 MVP VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 26 / 2013

Transaction ID : SA11AI.25508

Amount of Each Receipt this Period
 30.00

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 53 OF 135
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	<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. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25509

Amount of Each Receipt this Period
30.00

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

City Fairport	State NY	Zip Code 14450
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25510

Amount of Each Receipt this Period
30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : SA11AI.25511

Amount of Each Receipt this Period
30.00

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 54 OF 135
	<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. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2013

Transaction ID : SA11AI.25512

Amount of Each Receipt this Period

30.00

B. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : SA11AI.25513

Amount of Each Receipt this Period

30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25514

Amount of Each Receipt this Period

30.00

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 55 OF 135
	<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. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25515

Amount of Each Receipt this Period

30.00

B. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25516

Amount of Each Receipt this Period

30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP	Occupation VP Information Technology
-------------------------	-----------------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25517

Amount of Each Receipt this Period

30.00

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 56 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Kevin Husted
 Full Name (Last, First, Middle Initial)
 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 MVP Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25518
 Amount of Each Receipt this Period
 30.00

B. Kevin Husted
 Full Name (Last, First, Middle Initial)
 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 MVP Occupation VP Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25519
 Amount of Each Receipt this Period
 30.00

C. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City Watervliet State NY Zip Code 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Legal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : SA11AI.25539
 Amount of Each Receipt this Period
 30.00

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 57 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. VP of Legal Affairs
 Receipt For:
 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
 10 / 18 / 2013
Transaction ID : SA11AI.25540
 Amount of Each Receipt this Period
 30.00

B. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. VP of Legal Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.25541
 Amount of Each Receipt this Period
 30.00

C. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. VP of Legal Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25542
 Amount of Each Receipt this Period
 30.00

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 58 OF 135
	<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

Full Name (Last, First, Middle Initial) A. Dawn K Jablonski		Date of Receipt
Mailing Address 64 Sutherland		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Watervliet	NY	12189
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25543
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dawn K Jablonski		Date of Receipt
Mailing Address 64 Sutherland		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Watervliet	NY	12189
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25544
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dawn K Jablonski		Date of Receipt
Mailing Address 64 Sutherland		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Watervliet	NY	12189
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25545
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 59 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Linda Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Clover St.
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.25566
 Amount of Each Receipt this Period
 10.00

B. Linda Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Clover St.
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.25567
 Amount of Each Receipt this Period
 10.00

C. Linda Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2707 Clover St.
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25568
 Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 60 OF 135
	<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. Linda Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2707 Clover St.
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 29 / 2013
Transaction ID : SA11AI.25569
Amount of Each Receipt this Period
10.00

B. Linda Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2707 Clover St.
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2013
Transaction ID : SA11AI.25570
Amount of Each Receipt this Period
10.00

C. Linda Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2707 Clover St.
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 27 / 2013
Transaction ID : SA11AI.25571
Amount of Each Receipt this Period
10.00

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 61 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City State Zip Code
 Schenectady NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.25657
 Amount of Each Receipt this Period
 10.00

B. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City State Zip Code
 Schenectady NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For:
 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
 11 / 01 / 2013
Transaction ID : SA11AI.25658
 Amount of Each Receipt this Period
 10.00

C. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City State Zip Code
 Schenectady NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Administrative
 Receipt For:
 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 / 15 / 2013
Transaction ID : SA11AI.25659
 Amount of Each Receipt this Period
 10.00

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 62 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25660
 Amount of Each Receipt this Period
 10.00

B. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25661
 Amount of Each Receipt this Period
 10.00

C. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25662
 Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 63 OF 135
	<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. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : SA11AI.25663

Amount of Each Receipt this Period

30.00

B. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : SA11AI.25664

Amount of Each Receipt this Period

30.00

C. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 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
08	/	09	/	2013

Transaction ID : SA11AI.25665

Amount of Each Receipt this Period

30.00

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 64 OF 135
	<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. William V. Little
Full Name (Last, First, Middle Initial)
Mailing Address 300 Partridge Lane
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP Vermont
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt
08 / 09 / 2013
Transaction ID : SA11AI.25666
Amount of Each Receipt this Period 30.00

B. William V. Little
Full Name (Last, First, Middle Initial)
Mailing Address 300 Partridge Lane
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP Vermont
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 540.00

Date of Receipt
09 / 06 / 2013
Transaction ID : SA11AI.25667
Amount of Each Receipt this Period 30.00

C. William V. Little
Full Name (Last, First, Middle Initial)
Mailing Address 300 Partridge Lane
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP Vermont
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 570.00

Date of Receipt
09 / 20 / 2013
Transaction ID : SA11AI.25668
Amount of Each Receipt this Period 30.00

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 65 OF 135
	<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. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2013

Transaction ID : SA11AI.25669

Amount of Each Receipt this Period

30.00

B. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25670

Amount of Each Receipt this Period

30.00

C. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25671

Amount of Each Receipt this Period

30.00

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 66 OF 135
	<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. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25672

Amount of Each Receipt this Period

30.00

B. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25673

Amount of Each Receipt this Period

30.00

C. William V. Little
Full Name (Last, First, Middle Initial)

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25674

Amount of Each Receipt this Period

30.00

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 68 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr. Matthew J. Mackinnon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25730
 Amount of Each Receipt this Period
 20.00

B. Mr. Matthew J. Mackinnon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25731
 Amount of Each Receipt this Period
 20.00

C. Mr. Matthew J. Mackinnon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.25732
 Amount of Each Receipt this Period
 20.00

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 69 OF 135
	<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. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Service Corp. Occupation VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : SA11AI.25733

Amount of Each Receipt this Period
20.00

B. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Service Corp. Occupation VP of Network Operations

Receipt For:
 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
10 / 04 / 2013

Transaction ID : SA11AI.25734

Amount of Each Receipt this Period
20.00

C. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Service Corp. Occupation VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11AI.25735

Amount of Each Receipt this Period
20.00

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 70 OF 135
	<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

Full Name (Last, First, Middle Initial) A. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rochester	NY	14610
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25736
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="440.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rochester	NY	14610
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25737
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="460.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rochester	NY	14610
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.25738
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 71 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr. Matthew J. Mackinnon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25739
 Amount of Each Receipt this Period
 20.00

B. Mr. Matthew J. Mackinnon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1330 Park Avenue
 City Rochester State NY Zip Code 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP of Network Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25740
 Amount of Each Receipt this Period
 20.00

C. Augusta Martin
 Full Name (Last, First, Middle Initial)
 Mailing Address 457 Crescent Ave
 City Saratoga State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation VP Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.25741
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00
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 72 OF 135
	<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. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : SA11AI.25742

Amount of Each Receipt this Period
30.00

B. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 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
08	/	09	/	2013

Transaction ID : SA11AI.25743

Amount of Each Receipt this Period
30.00

C. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.25744

Amount of Each Receipt this Period
30.00

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 73 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation
MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.25745

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation
MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : SA11AI.25746

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation
MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : SA11AI.25747

Amount of Each Receipt this Period
30.00

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 74 OF 135
	<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

Full Name (Last, First, Middle Initial)
A. Augusta Martin

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25748

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
B. Augusta Martin

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25749

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
C. Augusta Martin

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25750

Amount of Each Receipt this Period

30.00

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 75 OF 135
	<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. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25751

Amount of Each Receipt this Period
30.00

B. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25752

Amount of Each Receipt this Period
30.00

C. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25753

Amount of Each Receipt this Period
30.00

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 76 OF 135
	<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 (Last, First, Middle Initial)
A. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : SA11AI.25767

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
B. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2013

Transaction ID : SA11AI.25768

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2013

Transaction ID : SA11AI.25769

Amount of Each Receipt this Period

50.00

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 77 OF 135
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2013

Transaction ID : SA11AI.25770

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
B. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		06		2013

Transaction ID : SA11AI.25771

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
C. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		20		2013

Transaction ID : SA11AI.25772

Amount of Each Receipt this Period

50.00

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: PAGE 78 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : SA11AI.25773

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.25774

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 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
 11 / 01 / 2013
Transaction ID : SA11AI.25775

Amount of Each Receipt this Period
 50.00

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: PAGE 79 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 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 / 15 / 2013
Transaction ID : SA11AI.25776

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 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 / 29 / 2013
Transaction ID : SA11AI.25777

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25778

Amount of Each Receipt this Period
 50.00

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: PAGE 80 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laurie Metheny

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt
12 / 27 / 2013

Transaction ID : SA11AI.25779

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Peter Molloy

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 MVP Health Care Occupation Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 18 / 2013

Transaction ID : SA11AI.25787

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Peter Molloy

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 MVP Health Care Occupation Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
11 / 01 / 2013

Transaction ID : SA11AI.25788

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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 81 OF 135
	<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

Full Name (Last, First, Middle Initial)
A. Peter Molloy

Mailing Address 84 York Ave.

City State Zip Code
Saratoga Spgs. NY 12866

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

Name of Employer Occupation
MVP Health Care Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 15 / 2013
Transaction ID : SA11AI.25789

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Peter Molloy

Mailing Address 84 York Ave.

City State Zip Code
Saratoga Spgs. NY 12866

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

Name of Employer Occupation
MVP Health Care Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 29 / 2013
Transaction ID : SA11AI.25790

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Peter Molloy

Mailing Address 84 York Ave.

City State Zip Code
Saratoga Spgs. NY 12866

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

Name of Employer Occupation
MVP Health Care Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 13 / 2013
Transaction ID : SA11AI.25791

Amount of Each Receipt this Period
10.00

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: (check only one)	PAGE 82 OF 135
	<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. Peter Molloy
Full Name (Last, First, Middle Initial)

Mailing Address 84 York Ave.

City State Zip Code
Saratoga Spgs. NY 12866

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

Name of Employer Occupation
MVP Health Care Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.25792

Amount of Each Receipt this Period
10.00

B. Richard Odorizzi
Full Name (Last, First, Middle Initial)

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

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

Name of Employer Occupation
MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 12 / 2013

Transaction ID : SA11AI.25845

Amount of Each Receipt this Period
20.00

C. Richard Odorizzi
Full Name (Last, First, Middle Initial)

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

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

Name of Employer Occupation
MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 26 / 2013

Transaction ID : SA11AI.25846

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 83 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25847

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25848

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.25849

Amount of Each Receipt this Period
 20.00

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 84 OF 135
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Richard Odorizzi		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2013 Transaction ID : SA11AI.25850
Mailing Address 71 East Claremond Drive		Amount of Each Receipt this Period 20.00
City Voorheesville	State NY	Zip Code 12186
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 380.00	
Name of Employer MVP	Occupation Director of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Odorizzi		Date of Receipt M M / D D / Y Y Y Y Y 10 / 04 / 2013 Transaction ID : SA11AI.25851
Mailing Address 71 East Claremond Drive		Amount of Each Receipt this Period 20.00
City Voorheesville	State NY	Zip Code 12186
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 400.00	
Name of Employer MVP	Occupation Director of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Odorizzi		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 Transaction ID : SA11AI.25852
Mailing Address 71 East Claremond Drive		Amount of Each Receipt this Period 20.00
City Voorheesville	State NY	Zip Code 12186
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 420.00	
Name of Employer MVP	Occupation Director of Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 85 OF 135
	<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. Richard Odorizzi
Full Name (Last, First, Middle Initial)

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 MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.25853

Amount of Each Receipt this Period
 20.00

B. Richard Odorizzi
Full Name (Last, First, Middle Initial)

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 MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25854

Amount of Each Receipt this Period
 20.00

C. Richard Odorizzi
Full Name (Last, First, Middle Initial)

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 MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25855

Amount of Each Receipt this Period
 20.00

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 86 OF 135
	<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. Richard Odorizzi
Full Name (Last, First, Middle Initial)
Mailing Address 71 East Claremond Drive

City Voorheesville	State NY	Zip Code 12186
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Director of Finance
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25856

Amount of Each Receipt this Period
20.00

B. Richard Odorizzi
Full Name (Last, First, Middle Initial)
Mailing Address 71 East Claremond Drive

City Voorheesville	State NY	Zip Code 12186
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Director of Finance
-------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25857

Amount of Each Receipt this Period
20.00

C. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2013

Transaction ID : SA11AI.25858

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 87 OF 135
	<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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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. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle
City Albany State NY Zip Code 12205
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Corp VP of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 26 / 2013
Transaction ID : SA11AI.25859
Amount of Each Receipt this Period 30.00

B. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle
City Albany State NY Zip Code 12205
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Corp VP of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 09 / 2013
Transaction ID : SA11AI.25860
Amount of Each Receipt this Period 30.00

C. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle
City Albany State NY Zip Code 12205
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Corp VP of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 09 / 2013
Transaction ID : SA11AI.25861
Amount of Each Receipt this Period 30.00

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 89 OF 135
	<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. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		18		2013

Transaction ID : SA11AI.25865

Amount of Each Receipt this Period

30.00

B. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		01		2013

Transaction ID : SA11AI.25866

Amount of Each Receipt this Period

30.00

C. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		15		2013

Transaction ID : SA11AI.25867

Amount of Each Receipt this Period

30.00

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 90 OF 135
	<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. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25868

Amount of Each Receipt this Period

30.00

B. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25869

Amount of Each Receipt this Period

30.00

C. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25870

Amount of Each Receipt this Period

30.00

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 91 OF 135
	<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. Everett Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Summit Ct., Ste 200
City Fishkill State NY Zip Code 12524
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 18 / 2013**
Transaction ID : SA11AI.25878
Amount of Each Receipt this Period **10.00**

B. Everett Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Summit Ct., Ste 200
City Fishkill State NY Zip Code 12524
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.00**

Date of Receipt **11 / 01 / 2013**
Transaction ID : SA11AI.25879
Amount of Each Receipt this Period **10.00**

C. Everett Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Summit Ct., Ste 200
City Fishkill State NY Zip Code 12524
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.00**

Date of Receipt **11 / 15 / 2013**
Transaction ID : SA11AI.25880
Amount of Each Receipt this Period **10.00**

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: (check only one)	PAGE 92 OF 135
	<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. Everett Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Summit Ct., Ste 200

City Fishkill	State NY	Zip Code 12524
------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region
-------------------------------------	-----------------------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.25881

Amount of Each Receipt this Period

10.00

B. Everett Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Summit Ct., Ste 200

City Fishkill	State NY	Zip Code 12524
------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region
-------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.25882

Amount of Each Receipt this Period

10.00

C. Everett Patterson
Full Name (Last, First, Middle Initial)
Mailing Address 1 Summit Ct., Ste 200

City Fishkill	State NY	Zip Code 12524
------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region
-------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.25883

Amount of Each Receipt this Period

10.00

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: (check only one)	PAGE 93 OF 135
<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. Donald Rahn
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting
-------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

Transaction ID : SA11AI.25917

Amount of Each Receipt this Period

10.00

B. Donald Rahn
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting
-------------------------------------	-------------------------------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.25918

Amount of Each Receipt this Period

10.00

C. Donald Rahn
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting
-------------------------------------	-------------------------------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.25919

Amount of Each Receipt this Period

10.00

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 94 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Donald Rahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 Northumberland Dr.
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Assoc. Director , Group Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25920
 Amount of Each Receipt this Period
 10.00

B. Donald Rahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 Northumberland Dr.
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Assoc. Director , Group Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25921
 Amount of Each Receipt this Period
 10.00

C. Donald Rahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 931 Northumberland Dr.
 City Niskayuna State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Assoc. Director , Group Reporting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25922
 Amount of Each Receipt this Period
 10.00

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 95 OF 135
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 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Christopher Reiss

Mailing Address 5 Rockwood Drive

City State Zip Code
 Newburgh NY 12550

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

Name of Employer Occupation
 MVP Health Care Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.25930

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Christopher Reiss

Mailing Address 5 Rockwood Drive

City State Zip Code
 Newburgh NY 12550

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

Name of Employer Occupation
 MVP Health Care Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.25931

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Christopher Reiss

Mailing Address 5 Rockwood Drive

City State Zip Code
 Newburgh NY 12550

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

Name of Employer Occupation
 MVP Health Care Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25932

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

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FOR LINE NUMBER: PAGE 96 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Christopher Reiss

Mailing Address 5 Rockwood Drive

City State Zip Code
 Newburgh NY 12550

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

Name of Employer Occupation
 MVP Health Care Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25933

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Christopher Reiss

Mailing Address 5 Rockwood Drive

City State Zip Code
 Newburgh NY 12550

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

Name of Employer Occupation
 MVP Health Care Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25934

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Christopher Reiss

Mailing Address 5 Rockwood Drive

City State Zip Code
 Newburgh NY 12550

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

Name of Employer Occupation
 MVP Health Care Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.25935

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

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FOR LINE NUMBER: PAGE 97 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jennifer Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Hemlock Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 12 / 2013
Transaction ID : SA11AI.25949
 Amount of Each Receipt this Period
 20.00

B. Jennifer Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Hemlock Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 26 / 2013
Transaction ID : SA11AI.25950
 Amount of Each Receipt this Period
 20.00

C. Jennifer Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Hemlock Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.25951
 Amount of Each Receipt this Period
 20.00

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 98 OF 135
<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 (Last, First, Middle Initial) A. Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clifton Park	NY	12065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.25952
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="340.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) B. Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		<input type="text" value="09"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clifton Park	NY	12065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.25953
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) C. Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clifton Park	NY	12065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.25954
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.00"/>	<input type="text" value="20.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 99 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jennifer Rice

Mailing Address 22 Hemlock Drive

City State Zip Code
 Clifton Park NY 12065

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

Name of Employer Occupation
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.

Receipt For:
 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
 10 / 04 / 2013

Transaction ID : SA11AI.25955

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Jennifer Rice

Mailing Address 22 Hemlock Drive

City State Zip Code
 Clifton Park NY 12065

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

Name of Employer Occupation
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.25956

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Jennifer Rice

Mailing Address 22 Hemlock Drive

City State Zip Code
 Clifton Park NY 12065

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

Name of Employer Occupation
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.

Receipt For:
 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 / 01 / 2013

Transaction ID : SA11AI.25957

Amount of Each Receipt this Period
 20.00

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: PAGE 100 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jennifer Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Hemlock Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25958
 Amount of Each Receipt this Period
 20.00

B. Jennifer Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Hemlock Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25959
 Amount of Each Receipt this Period
 20.00

C. Jennifer Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Hemlock Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25960
 Amount of Each Receipt this Period
 20.00

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: PAGE 101 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jennifer Rice

Mailing Address 22 Hemlock Drive

City State Zip Code
 Clifton Park NY 12065

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

Name of Employer Occupation
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.25961

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Aneli Rivera-Platt

Mailing Address 215 Dunrovin Lane

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.25982

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Aneli Rivera-Platt

Mailing Address 215 Dunrovin Lane

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP HR Director

Receipt For:
 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
 11 / 01 / 2013

Transaction ID : SA11AI.25983

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 40.00

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 102 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Aneli Rivera-Platt
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Dunrovin Lane
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.25984
 Amount of Each Receipt this Period
 10.00

B. Aneli Rivera-Platt
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Dunrovin Lane
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.25985
 Amount of Each Receipt this Period
 10.00

C. Aneli Rivera-Platt
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Dunrovin Lane
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation HR Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.25986
 Amount of Each Receipt this Period
 10.00

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 103 OF 135
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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

Full Name (Last, First, Middle Initial)
A. Aneli Rivera-Platt

Mailing Address 215 Dunrovin Lane

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 12 / 27 / 2013
Transaction ID : SA11AI.25987

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Daniel Sauer

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 MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 07 / 12 / 2013
Transaction ID : SA11AI.26040

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Daniel Sauer

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 MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 07 / 26 / 2013
Transaction ID : SA11AI.26041

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

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FOR LINE NUMBER: PAGE 104 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Daniel Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Fifth Avenue
 City State Zip Code
 Saratoga Springs NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.26042
 Amount of Each Receipt this Period
 30.00

B. Daniel Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Fifth Avenue
 City State Zip Code
 Saratoga Springs NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 09 / 2013
Transaction ID : SA11AI.26043
 Amount of Each Receipt this Period
 30.00

C. Daniel Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Fifth Avenue
 City State Zip Code
 Saratoga Springs NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.26044
 Amount of Each Receipt this Period
 30.00

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 105 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013

Transaction ID : SA11AI.26045

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013

Transaction ID : SA11AI.26046

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.26047

Amount of Each Receipt this Period
 30.00

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 106 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 11 / 01 / 2013
Transaction ID : SA11AI.26048

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 690.00

Date of Receipt
 11 / 15 / 2013
Transaction ID : SA11AI.26049

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 11 / 29 / 2013
Transaction ID : SA11AI.26050

Amount of Each Receipt this Period
 30.00

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 107 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013

Transaction ID : SA11AI.26051

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013

Transaction ID : SA11AI.26052

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Diane Soehner

Mailing Address 27 Stonefield Place

City State Zip Code
 Honeoye Falls NY 14472

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : SA11AI.26100

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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 108 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Diane Soehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Stonefield Place
 City Honeoye Falls State NY Zip Code 14472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.26101
 Amount of Each Receipt this Period
 10.00

B. Diane Soehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Stonefield Place
 City Honeoye Falls State NY Zip Code 14472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.26102
 Amount of Each Receipt this Period
 10.00

C. Diane Soehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 27 Stonefield Place
 City Honeoye Falls State NY Zip Code 14472
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.26103
 Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 109 OF 135
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Diane Soehner

Mailing Address 27 Stonefield Place

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer MVP Health Care Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26104

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Diane Soehner

Mailing Address 27 Stonefield Place

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer MVP Health Care Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26105

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. David Stitt

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 MVP Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.26139

Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 110 OF 135
	<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. David Stitt
Full Name (Last, First, Middle Initial)

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 MVP	Occupation Pharmacy Director
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.26140

Amount of Each Receipt this Period
 10.00

B. David Stitt
Full Name (Last, First, Middle Initial)

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 MVP	Occupation Pharmacy Director
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.26141

Amount of Each Receipt this Period
 10.00

C. David Stitt
Full Name (Last, First, Middle Initial)

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 MVP	Occupation Pharmacy Director
-------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.26142

Amount of Each Receipt this Period
 10.00

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 111 OF 135
	(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

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. David Stitt
Full Name (Last, First, Middle Initial)

Mailing Address 684 Macelroy Road

City State Zip Code
Ballston Spa NY 12019

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

Name of Employer Occupation
MVP Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SA11AI.26143

Amount of Each Receipt this Period
10.00

B. David Stitt
Full Name (Last, First, Middle Initial)

Mailing Address 684 Macelroy Road

City State Zip Code
Ballston Spa NY 12019

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

Name of Employer Occupation
MVP Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 27 / 2013

Transaction ID : SA11AI.26144

Amount of Each Receipt this Period
10.00

c. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

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

Name of Employer Occupation
MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2013

Transaction ID : SA11AI.26145

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
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 112 OF 135
	<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. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		26		2013

Transaction ID : SA11AI.26146

Amount of Each Receipt this Period
50.00

B. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2013

Transaction ID : SA11AI.26147

Amount of Each Receipt this Period
50.00

C. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		09		2013

Transaction ID : SA11AI.26148

Amount of Each Receipt this Period
50.00

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: PAGE 113 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2013
Transaction ID : SA11AI.26149

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2013
Transaction ID : SA11AI.26150

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : SA11AI.26151

Amount of Each Receipt this Period
 50.00

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: PAGE 114 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.26152

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 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
 11 / 01 / 2013
Transaction ID : SA11AI.26153

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
c. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 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 / 15 / 2013
Transaction ID : SA11AI.26154

Amount of Each Receipt this Period
 50.00

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 115 OF 135
	<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. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.26155

Amount of Each Receipt this Period
50.00

B. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2013

Transaction ID : SA11AI.26156

Amount of Each Receipt this Period
50.00

C. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2013

Transaction ID : SA11AI.26157

Amount of Each Receipt this Period
50.00

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 116 OF 135
	<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. Emily Titworth
Full Name (Last, First, Middle Initial)

Mailing Address 1394 Dean Street

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11AI.26165

Amount of Each Receipt this Period
10.00

B. Emily Titworth
Full Name (Last, First, Middle Initial)

Mailing Address 1394 Dean Street

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation Associate Counsel

Receipt For:
 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
11 / 01 / 2013

Transaction ID : SA11AI.26166

Amount of Each Receipt this Period
10.00

C. Emily Titworth
Full Name (Last, First, Middle Initial)

Mailing Address 1394 Dean Street

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation Associate Counsel

Receipt For:
 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 / 15 / 2013

Transaction ID : SA11AI.26167

Amount of Each Receipt this Period
10.00

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 117 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Emily Titworth

Mailing Address 1394 Dean Street

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation Associate Counsel

Receipt For:
 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 / 29 / 2013
Transaction ID : SA11AI.26168

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Emily Titworth

Mailing Address 1394 Dean Street

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26169

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Emily Titworth

Mailing Address 1394 Dean Street

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26170

Amount of Each Receipt this Period
 10.00

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 118 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Rico Viscusi

Mailing Address 234 Autumn Run

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Dir. Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.26210

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Rico Viscusi

Mailing Address 234 Autumn Run

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Dir. Internal Audit

Receipt For:
 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
 11 / 01 / 2013
Transaction ID : SA11AI.26211

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Rico Viscusi

Mailing Address 234 Autumn Run

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Dir. Internal Audit

Receipt For:
 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 / 15 / 2013
Transaction ID : SA11AI.26212

Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 119 OF 135
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.26213
 Amount of Each Receipt this Period
 10.00

B. Rico Viscusi
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Autumn Run
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir. Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26214
 Amount of Each Receipt this Period
 10.00

C. Rico Viscusi
 Full Name (Last, First, Middle Initial)
 Mailing Address 234 Autumn Run
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir. Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26215
 Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 120 OF 135
	<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. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care, Inc. Occupation Sales Manager- East Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : SA11AI.26223

Amount of Each Receipt this Period
10.00

B. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care, Inc. Occupation Sales Manager- East Region

Receipt For:
 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
11 / 01 / 2013

Transaction ID : SA11AI.26224

Amount of Each Receipt this Period
10.00

C. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care, Inc. Occupation Sales Manager- East Region

Receipt For:
 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 / 15 / 2013

Transaction ID : SA11AI.26225

Amount of Each Receipt this Period
10.00

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 121 OF 135
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 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.26226
 Amount of Each Receipt this Period
 10.00

B. Matthew Walkuski
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Lillian Drive
 City State Zip Code
 Scotia NY 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. Sales Manager- East Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26227
 Amount of Each Receipt this Period
 10.00

C. Matthew Walkuski
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Lillian Drive
 City State Zip Code
 Scotia NY 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. Sales Manager- East Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26228
 Amount of Each Receipt this Period
 10.00

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

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 122 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Pam Walsh

Mailing Address 3011 Patrick Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.26236

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Pam Walsh

Mailing Address 3011 Patrick Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2013
Transaction ID : SA11AI.26237

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Pam Walsh

Mailing Address 3011 Patrick Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 15 / 2013
Transaction ID : SA11AI.26238

Amount of Each Receipt this Period
 10.00

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 123 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Pam Walsh

Mailing Address 3011 Patrick Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 29 / 2013
Transaction ID : SA11AI.26239

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Pam Walsh

Mailing Address 3011 Patrick Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26240

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Pam Walsh

Mailing Address 3011 Patrick Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26241

Amount of Each Receipt this Period
 10.00

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 124 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
07 / 12 / 2013

Transaction ID : SA11AI.26242

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
07 / 26 / 2013

Transaction ID : SA11AI.26243

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
08 / 09 / 2013

Transaction ID : SA11AI.26244

Amount of Each Receipt this Period
30.00

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 125 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Peter Whitehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oak Hill Drive
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 08 / 09 / 2013
Transaction ID : SA11AI.26245
 Amount of Each Receipt this Period
 30.00

B. Peter Whitehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oak Hill Drive
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 09 / 06 / 2013
Transaction ID : SA11AI.26246
 Amount of Each Receipt this Period
 30.00

C. Peter Whitehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oak Hill Drive
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 09 / 20 / 2013
Transaction ID : SA11AI.26247
 Amount of Each Receipt this Period
 30.00

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 126 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Peter Whitehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oak Hill Drive
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2013
Transaction ID : SA11AI.26248
 Amount of Each Receipt this Period
 30.00

B. Peter Whitehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oak Hill Drive
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Sales Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.26249
 Amount of Each Receipt this Period
 30.00

C. Peter Whitehouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Oak Hill Drive
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Sales Director
 Receipt For: 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
 11 / 01 / 2013
Transaction ID : SA11AI.26250
 Amount of Each Receipt this Period
 30.00

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 127 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt
11 / 15 / 2013
Transaction ID : SA11AI.26251

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt
11 / 29 / 2013
Transaction ID : SA11AI.26252

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)
C. Joseph Wild

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 MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 18 / 2013
Transaction ID : SA11AI.26260

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **40.00**

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 128 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Joseph Wild

Mailing Address 2040 Mill Road

City State Zip Code
 West Falls NY 14170

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

Name of Employer Occupation
 MVP Health Care Sales Director

Receipt For:
 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
 11 / 01 / 2013
Transaction ID : SA11AI.26261

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Joseph Wild

Mailing Address 2040 Mill Road

City State Zip Code
 West Falls NY 14170

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

Name of Employer Occupation
 MVP Health Care Sales Director

Receipt For:
 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 / 15 / 2013
Transaction ID : SA11AI.26262

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Joseph Wild

Mailing Address 2040 Mill Road

City State Zip Code
 West Falls NY 14170

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

Name of Employer Occupation
 MVP Health Care Sales Director

Receipt For:
 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 / 29 / 2013
Transaction ID : SA11AI.26263

Amount of Each Receipt this Period
 10.00

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 129 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Joseph Wild

Mailing Address 2040 Mill Road

City State Zip Code
 West Falls NY 14170

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

Name of Employer Occupation
 MVP Health Care Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26264

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Joseph Wild

Mailing Address 2040 Mill Road

City State Zip Code
 West Falls NY 14170

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

Name of Employer Occupation
 MVP Health Care Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26265

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Jane Wisner

Mailing Address 2819 Cuylerville Road

City State Zip Code
 Leicester NY 14481

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : SA11AI.26286

Amount of Each Receipt this Period
 10.00

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: (check only one)	PAGE 130 OF 135
	<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. Jane Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director
-------------------------------------	------------------------

Receipt For:
 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
11	/	01	/	2013

Transaction ID : SA11AI.26287

Amount of Each Receipt this Period
10.00

B. Jane Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director
-------------------------------------	------------------------

Receipt For:
 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	/	15	/	2013

Transaction ID : SA11AI.26288

Amount of Each Receipt this Period
10.00

C. Jane Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director
-------------------------------------	------------------------

Receipt For:
 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	/	29	/	2013

Transaction ID : SA11AI.26289

Amount of Each Receipt this Period
10.00

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 131 OF 135
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jane Wisner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2819 Cuylerville Road
 City Leicester State NY Zip Code 14481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : SA11AI.26290
 Amount of Each Receipt this Period
 10.00

B. Jane Wisner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2819 Cuylerville Road
 City Leicester State NY Zip Code 14481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 27 / 2013
Transaction ID : SA11AI.26291
 Amount of Each Receipt this Period
 10.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	10600.00

**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"/> 24	<input type="checkbox"/> 25	<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. AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 500

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2013

Transaction ID : SB23.26367

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. BILL OWENS FOR CONGRESS

Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement

Candidate Name

WILLIAM OWENS

Office Sought: House Senate President
State: NY District: 21

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2013

Transaction ID : SB23.26359

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. CHRIS GIBSON FOR CONGRESS

Mailing Address PO BOX 234

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement

Candidate Name

CHRISTOPHER P GIBSON

Office Sought: House Senate President
State: NY District: 19

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2013

Transaction ID : SB23.26362

Amount of Each Disbursement this Period

2000.00

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

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

9000.00

**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"/> 24	<input type="checkbox"/> 25	<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

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement

011

Candidate Name
CHRISTOPHER C COLLINS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	3

Transaction ID : **SB23.26356**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. EMPIRE POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 15033

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	3

Transaction ID : **SB23.26365**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAN MAFFEI

Mailing Address PO BOX 230

City SYRACUSE State NY Zip Code 13201

Purpose of Disbursement
Political Contribution

011

Candidate Name
DANIEL BENJAMIN MR. MAFFEI

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	3

Transaction ID : **SB23.26353**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. RICHARD HANNA FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		10		2013

Mailing Address PO BOX 118

Transaction ID : SB23.26348

City State Zip Code
UTICA NY 13503

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Political Contribution

011
Category/ Type

Candidate Name

RICHARD HANNA

Office Sought: House
 Senate
 President
State: NY District: 22

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2013

Mailing Address PO BOX 391

Transaction ID : SB23.26369

City State Zip Code
GENEVA NY 14456

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name

THOMAS W II REED

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

4000.00

18000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 135 OF 135
	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 State Zip Code Cincinnati OH 45274	

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>	Transaction ID : SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 State Zip Code Schenectady NY 12305	

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>	Transaction ID : SD10.4165	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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