

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street Check if different than previously reported. (ACC) Schenectady NY 12305

2. FEC IDENTIFICATION NUMBER C C00431429 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) X January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jordan Estey

Signature of Treasurer Jordan Estey [Electronically Filed] Date 01 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2015"/>		56741.34
(b) Cash on Hand at Beginning of Reporting Period.....	53007.34	
(c) Total Receipts (from Line 19) .....	14379.00	29645.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	67386.34	86386.34
7. Total Disbursements (from Line 31).....	11500.00	30500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	55886.34	55886.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	483.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	8410.00	13560.00
(ii) Unitemized .....	5969.00	13085.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14379.00	26645.00
(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) .....	14379.00	26645.00
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	3000.00
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))..... ▶	14379.00	29645.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14379.00	29645.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	30500.00
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)) ..	11500.00	30500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	30500.00

**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) .....	14379.00	26645.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14379.00	26645.00
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 72
	(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. 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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2015  
**Transaction ID : SA11AI.33088**  
Amount of Each Receipt this Period  
60.00  
PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2015  
**Transaction ID : SA11AI.33089**  
Amount of Each Receipt this Period  
60.00  
PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2015  
**Transaction ID : SA11AI.33090**  
Amount of Each Receipt this Period  
60.00  
PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 7 OF 72
	(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) <b>A. Karla Austen</b>		Date of Receipt MM / DD / YYYY 10 / 02 / 2015 <b>Transaction ID : SA11AI.33091</b>
Mailing Address 25 Carriage House La.		Amount of Each Receipt this Period 60.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Karla Austen</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2015 <b>Transaction ID : SA11AI.33092</b>
Mailing Address 25 Carriage House La.		Amount of Each Receipt this Period 60.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Karla Austen</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2015 <b>Transaction ID : SA11AI.33093</b>
Mailing Address 25 Carriage House La.		Amount of Each Receipt this Period 60.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 8 OF 72
	(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) <b>A. Karla Austen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : SA11AI.33094</b>
Mailing Address 25 Carriage House La.		Amount of Each Receipt this Period 60.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Karla Austen</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2015 <b>Transaction ID : SA11AI.33095</b>
Mailing Address 25 Carriage House La.		Amount of Each Receipt this Period 60.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. Karla Austen</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2015 <b>Transaction ID : SA11AI.33096</b>
Mailing Address 25 Carriage House La.		Amount of Each Receipt this Period 60.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 72
	(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. 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: 2016  
 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 / 25 / 2015

**Transaction ID : SA11AI.33097**

Amount of Each Receipt this Period  
60.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Dominick Bizzarro**

Mailing Address 32 Devonshire Way

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation  
MVP Health Care EVP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

**Transaction ID : SA11AI.33114**

Amount of Each Receipt this Period  
40.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Dominick Bizzarro**

Mailing Address 32 Devonshire Way

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation  
MVP Health Care EVP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2015

**Transaction ID : SA11AI.33115**

Amount of Each Receipt this Period  
40.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> 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 72
	(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. Dominick Bizzarro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Devonshire Way  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
**09 / 11 / 2015**  
**Transaction ID : SA11AI.33116**  
Amount of Each Receipt this Period  
**40.00**  
PAC Contribution

**B. Dominick Bizzarro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Devonshire Way  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**09 / 25 / 2015**  
**Transaction ID : SA11AI.33117**  
Amount of Each Receipt this Period  
**40.00**  
PAC Contribution

**C. Dominick Bizzarro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Devonshire Way  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**10 / 09 / 2015**  
**Transaction ID : SA11AI.33118**  
Amount of Each Receipt this Period  
**40.00**  
PAC Contribution

**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 11 OF 72  
(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. Dominick Bizzarro**

Mailing Address 32 Devonshire Way

City Clifton Park      State NY      Zip Code 12065

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

Name of Employer MVP Health Care      Occupation EVP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : SA11AI.33119**

Amount of Each Receipt this Period  
 40.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Dominick Bizzarro**

Mailing Address 32 Devonshire Way

City Clifton Park      State NY      Zip Code 12065

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

Name of Employer MVP Health Care      Occupation EVP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : SA11AI.33120**

Amount of Each Receipt this Period  
 40.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Dominick Bizzarro**

Mailing Address 32 Devonshire Way

City Clifton Park      State NY      Zip Code 12065

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

Name of Employer MVP Health Care      Occupation EVP

Receipt For: 2016  
 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  
 11 / 20 / 2015

**Transaction ID : SA11AI.33121**

Amount of Each Receipt this Period  
 40.00

PAC Contribution

**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 12 OF 72
	(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. Dominick Bizarro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Devonshire Way

City Clifton Park	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation EVP
-------------------------------------	-------------------

Receipt For: 2016  
 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
12	/	04	/	2015

**Transaction ID : SA11AI.33122**

Amount of Each Receipt this Period  

40.00
-------

PAC Contribution

**B. Dominick Bizarro**  
Full Name (Last, First, Middle Initial)  
Mailing Address 32 Devonshire Way

City Clifton Park	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation EVP
-------------------------------------	-------------------

Receipt For: 2016  
 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
12	/	18	/	2015

**Transaction ID : SA11AI.33123**

Amount of Each Receipt this Period  

40.00
-------

PAC Contribution

**C. Catherine Buhler Clancy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Julia Ct

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation EVP
-------------------------------------	-------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2015

**Transaction ID : SA11AI.33146**

Amount of Each Receipt this Period  

40.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 24 / 2015**  
**Transaction ID : SA11AI.33149**  
 Amount of Each Receipt this Period  
**40.00**  
 PAC Contribution

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2015**  
**Transaction ID : SA11AI.33147**  
 Amount of Each Receipt this Period  
**40.00**  
 PAC Contribution

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 21 / 2015**  
**Transaction ID : SA11AI.33148**  
 Amount of Each Receipt this Period  
**40.00**  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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 72
	(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. Catherine Buhler Clancy**

Mailing Address 19 Julia Ct

City Mahopac State NY Zip Code 10541

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

Name of Employer MVP Health Care Occupation EVP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : SA11AI.33137**

Amount of Each Receipt this Period  
**40.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Catherine Buhler Clancy**

Mailing Address 19 Julia Ct

City Mahopac State NY Zip Code 10541

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

Name of Employer MVP Health Care Occupation EVP

Receipt For: 2016  
 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  
**09 / 18 / 2015**

**Transaction ID : SA11AI.33138**

Amount of Each Receipt this Period  
**40.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Catherine Buhler Clancy**

Mailing Address 19 Julia Ct

City Mahopac State NY Zip Code 10541

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

Name of Employer MVP Health Care Occupation EVP

Receipt For: 2016  
 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  
**10 / 02 / 2015**

**Transaction ID : SA11AI.33139**

Amount of Each Receipt this Period  
**40.00**

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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 72
	(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. Catherine Buhler Clancy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Julia Ct  
City Mahopac State NY Zip Code 10541  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**10 / 16 / 2015**  
**Transaction ID : SA11AI.33140**  
Amount of Each Receipt this Period  
**40.00**  
PAC Contribution

**B. Catherine Buhler Clancy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Julia Ct  
City Mahopac State NY Zip Code 10541  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
**10 / 30 / 2015**  
**Transaction ID : SA11AI.33141**  
Amount of Each Receipt this Period  
**40.00**  
PAC Contribution

**C. Catherine Buhler Clancy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Julia Ct  
City Mahopac State NY Zip Code 10541  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  
**11 / 13 / 2015**  
**Transaction ID : SA11AI.33142**  
Amount of Each Receipt this Period  
**40.00**  
PAC Contribution

**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 16 OF 72
	<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) <b>A. Catherine Buhler Clancy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2015 <b>Transaction ID : SA11AI.33143</b>
Mailing Address 19 Julia Ct		Amount of Each Receipt this Period 40.00 PAC Contribution
City Mahopac	State NY	Zip Code 10541
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP Health Care	Occupation EVP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	720.00

Full Name (Last, First, Middle Initial) <b>B. Catherine Buhler Clancy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2015 <b>Transaction ID : SA11AI.33144</b>
Mailing Address 19 Julia Ct		Amount of Each Receipt this Period 40.00 PAC Contribution
City Mahopac	State NY	Zip Code 10541
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP Health Care	Occupation EVP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	760.00

Full Name (Last, First, Middle Initial) <b>C. Catherine Buhler Clancy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 25 / 2015 <b>Transaction ID : SA11AI.33145</b>
Mailing Address 19 Julia Ct		Amount of Each Receipt this Period 40.00 PAC Contribution
City Mahopac	State NY	Zip Code 10541
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP Health Care	Occupation EVP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	800.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 17 OF 72
	(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. 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: 2016  
 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		02		2015

**Transaction ID : SA11AI.33156**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : SA11AI.33157**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 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
10		30		2015

**Transaction ID : SA11AI.33158**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 72
	(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. 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: 2016  
 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	/	13	/	2015

**Transaction ID : SA11AI.33159**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : SA11AI.33160**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : SA11AI.33161**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 72
	<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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
12 / 25 / 2015  
**Transaction ID : SA11AI.33162**  
Amount of Each Receipt this Period 30.00  
PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
09 / 18 / 2015  
**Transaction ID : SA11AI.33220**  
Amount of Each Receipt this Period 40.00  
PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
10 / 02 / 2015  
**Transaction ID : SA11AI.33221**  
Amount of Each Receipt this Period 40.00  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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 72
	<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) <b>A. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.33222</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Regional Network Director	<input type="text" value="40.00"/>
Receipt For: 2016	Aggregate Year-to-Date ▼	PAC Contribution
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.33223</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Regional Network Director	<input type="text" value="40.00"/>
Receipt For: 2016	Aggregate Year-to-Date ▼	PAC Contribution
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.33224</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Regional Network Director	<input type="text" value="40.00"/>
Receipt For: 2016	Aggregate Year-to-Date ▼	PAC Contribution
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> 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 21 OF 72
	(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. 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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 27 / 2015  
**Transaction ID : SA11AI.33225**

Amount of Each Receipt this Period  
40.00

PAC Contribution

**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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : SA11AI.33226**

Amount of Each Receipt this Period  
40.00

PAC Contribution

**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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 25 / 2015  
**Transaction ID : SA11AI.33227**

Amount of Each Receipt this Period  
40.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 72
	<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**

**A. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2015  
**Transaction ID : SA11AI.33237**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**B. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 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  
 07 / 27 / 2015  
**Transaction ID : SA11AI.33238**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**c. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2015  
**Transaction ID : SA11AI.33239**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 23 OF 72
	(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. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 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  
 09 / 07 / 2015  
**Transaction ID : SA11AI.33228**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**B. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.33229**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**C. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 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  
 10 / 02 / 2015  
**Transaction ID : SA11AI.33230**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**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 24 OF 72
	<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**

**A. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 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 / 16 / 2015  
**Transaction ID : SA11AI.33231**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**B. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : SA11AI.33232**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

**c. Christopher Del Vecchio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation EVP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015  
**Transaction ID : SA11AI.33233**  
 Amount of Each Receipt this Period  
 60.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> 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 25 OF 72
	(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) <b>A. Christopher Del Vecchio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2015
Mailing Address 2854 W. Old State Rd		<b>Transaction ID : SA11AI.33234</b>
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care	Occupation EVP	PAC Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Del Vecchio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2015
Mailing Address 2854 W. Old State Rd		<b>Transaction ID : SA11AI.33235</b>
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care	Occupation EVP	PAC Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Del Vecchio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 25 / 2015
Mailing Address 2854 W. Old State Rd		<b>Transaction ID : SA11AI.33236</b>
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care	Occupation EVP	PAC Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 72
	(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) <b>A. Jordan Estey</b>		Date of Receipt MM / DD / YYYY 07 / 24 / 2015 <b>Transaction ID : SA11AI.33280</b>
Mailing Address 6211 Hathaway House Apt. 5		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12203
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation Government Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Jordan Estey</b>		Date of Receipt MM / DD / YYYY 08 / 21 / 2015 <b>Transaction ID : SA11AI.33282</b>
Mailing Address 6211 Hathaway House Apt. 5		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12203
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation Government Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Jordan Estey</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2015 <b>Transaction ID : SA11AI.33283</b>
Mailing Address 6211 Hathaway House Apt. 5		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12203
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation Government Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 27 OF 72
	(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. Jordan Estey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6211 Hathaway House  
Apt. 5

City Albany State NY Zip Code 12203

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

Name of Employer MVP Health Care Occupation Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
09 / 18 / 2015  
Transaction ID : SA11AI.33284

Amount of Each Receipt this Period  
30.00

PAC Contribution

**B. Jordan Estey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6211 Hathaway House  
Apt. 5

City Albany State NY Zip Code 12203

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

Name of Employer MVP Health Care Occupation Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
10 / 02 / 2015  
Transaction ID : SA11AI.33285

Amount of Each Receipt this Period  
30.00

PAC Contribution

**C. Jordan Estey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6211 Hathaway House  
Apt. 5

City Albany State NY Zip Code 12203

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

Name of Employer MVP Health Care Occupation Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
10 / 16 / 2015  
Transaction ID : SA11AI.33286

Amount of Each Receipt this Period  
30.00

PAC Contribution

**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 28 OF 72
	(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) <b>A. Jordan Estey</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 30 / 2015
Mailing Address 6211 Hathaway House Apt. 5		<b>Transaction ID : SA11AI.33287</b>
City Albany State NY Zip Code 12203	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care Occupation Government Affairs	Aggregate Year-to-Date ▼ 390.00	PAC Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jordan Estey</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 13 / 2015
Mailing Address 6211 Hathaway House Apt. 5		<b>Transaction ID : SA11AI.33288</b>
City Albany State NY Zip Code 12203	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care Occupation Government Affairs	Aggregate Year-to-Date ▼ 420.00	PAC Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jordan Estey</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2015
Mailing Address 6211 Hathaway House Apt. 5		<b>Transaction ID : SA11AI.33289</b>
City Albany State NY Zip Code 12203	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care Occupation Government Affairs	Aggregate Year-to-Date ▼ 450.00	PAC Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 29 OF 72
	(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. Jordan Estey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6211 Hathaway House  
Apt. 5

City Albany State NY Zip Code 12203

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

Name of Employer MVP Health Care Occupation Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
12 / 11 / 2015  
Transaction ID : SA11AI.33290

Amount of Each Receipt this Period  
30.00

PAC Contribution

**B. Jordan Estey**  
Full Name (Last, First, Middle Initial)

Mailing Address 6211 Hathaway House  
Apt. 5

City Albany State NY Zip Code 12203

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

Name of Employer MVP Health Care Occupation Government Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
12 / 25 / 2015  
Transaction ID : SA11AI.33291

Amount of Each Receipt this Period  
30.00

PAC Contribution

**C. 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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
08 / 07 / 2015  
Transaction ID : SA11AI.33333

Amount of Each Receipt this Period  
80.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**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 30 OF 72
	(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. 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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2015

**Transaction ID : SA11AI.33334**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2015

**Transaction ID : SA11AI.33335**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

**C. 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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2015

**Transaction ID : SA11AI.33336**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> 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 31 OF 72
	(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) <b>A. Patrick Glavey</b>		Date of Receipt
Mailing Address 165 Windemere Road		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Rochester State NY Zip Code 14610		<b>Transaction ID : SA11AI.33337</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Occupation VP, Medicare Products		<input type="text" value="80.00"/>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAC Contribution
Aggregate Year-to-Date ▼		<input type="text" value="560.00"/>

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>		Date of Receipt
Mailing Address 165 Windemere Road		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>
City Rochester State NY Zip Code 14610		<b>Transaction ID : SA11AI.33338</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Occupation VP, Medicare Products		<input type="text" value="80.00"/>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAC Contribution
Aggregate Year-to-Date ▼		<input type="text" value="640.00"/>

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>		Date of Receipt
Mailing Address 165 Windemere Road		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Rochester State NY Zip Code 14610		<b>Transaction ID : SA11AI.33339</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Occupation VP, Medicare Products		<input type="text" value="80.00"/>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		PAC Contribution
Aggregate Year-to-Date ▼		<input type="text" value="720.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 72
	(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) <b>A. Patrick Glavey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : SA11AI.33340</b>
Mailing Address 165 Windemere Road		Amount of Each Receipt this Period 800.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2015 <b>Transaction ID : SA11AI.33341</b>
Mailing Address 165 Windemere Road		Amount of Each Receipt this Period 80.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2015 <b>Transaction ID : SA11AI.33342</b>
Mailing Address 165 Windemere Road		Amount of Each Receipt this Period 80.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> 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 33 OF 72
	(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**

Full Name (Last, First, Middle Initial)  
**A. 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: 2016  
 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	/	25	/	2015

**Transaction ID : SA11AI.33343**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Denise Gonick**

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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2015

**Transaction ID : SA11AI.33346**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Denise Gonick**

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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : SA11AI.33347**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> 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 34 OF 72  
(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. Denise Gonick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 803 Via Marchella  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care, Inc. EVP & Chief Legal Officer  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2015  
**Transaction ID : SA11AI.33348**  
 Amount of Each Receipt this Period  
 80.00  
 PAC Contribution

**B. Denise Gonick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 803 Via Marchella  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care, Inc. EVP & Chief Legal Officer  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2015  
**Transaction ID : SA11AI.33349**  
 Amount of Each Receipt this Period  
 80.00  
 PAC Contribution

**C. Denise Gonick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 803 Via Marchella  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care, Inc. EVP & Chief Legal Officer  
 Receipt For: 2016  
 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  
 10 / 02 / 2015  
**Transaction ID : SA11AI.33350**  
 Amount of Each Receipt this Period  
 80.00  
 PAC Contribution

**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:	PAGE 35 OF 72
	(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"/> 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: 2016  
 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
10	/	16	/	2015

**Transaction ID : SA11AI.33351**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

**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
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Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11AI.33352**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

**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: 2016  
 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
11	/	13	/	2015

**Transaction ID : SA11AI.33353**

Amount of Each Receipt this Period  

80.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> 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 72
	(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. 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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 27 / 2015  
**Transaction ID : SA11AI.33354**

Amount of Each Receipt this Period  
80.00

PAC Contribution

**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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2015  
**Transaction ID : SA11AI.33355**

Amount of Each Receipt this Period  
80.00

PAC Contribution

**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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 25 / 2015  
**Transaction ID : SA11AI.33356**

Amount of Each Receipt this Period  
80.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> 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 72
	<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
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2016  
 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		02		2015

**Transaction ID : SA11AI.33389**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2015

**Transaction ID : SA11AI.33390**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**C. 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
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Receipt For: 2016  
 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
10		30		2015

**Transaction ID : SA11AI.33391**

Amount of Each Receipt this Period  

30.00
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PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 38 OF 72
	(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. 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: 2016  
 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	/	13	/	2015

**Transaction ID : SA11AI.33392**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : SA11AI.33393**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : SA11AI.33394**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 72
	<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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : SA11AI.33395**  
 Amount of Each Receipt this Period  
 30.00  
 PAC Contribution

**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: 2016  
 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 / 02 / 2015  
**Transaction ID : SA11AI.33415**  
 Amount of Each Receipt this Period  
 30.00  
 PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11AI.33416**  
 Amount of Each Receipt this Period  
 30.00  
 PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 72
	<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: 2016  
 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
10	/	30	/	2015

**Transaction ID : SA11AI.33417**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 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	/	13	/	2015

**Transaction ID : SA11AI.33418**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : SA11AI.33419**

Amount of Each Receipt this Period  

30.00
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PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 72
	<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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

**Transaction ID : SA11AI.33420**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2015

**Transaction ID : SA11AI.33421**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**C. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
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Receipt For: 2016  
 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
09	/	04	/	2015

**Transaction ID : SA11AI.33439**

Amount of Each Receipt this Period  

50.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</b>
<b>TOTAL</b> 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 72
	<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) <b>A. Dawn Jablonski</b>		Date of Receipt MM / DD / YYYY 09 / 18 / 2015 <b>Transaction ID : SA11AI.33440</b>
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 50.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dawn Jablonski</b>		Date of Receipt MM / DD / YYYY 10 / 02 / 2015 <b>Transaction ID : SA11AI.33441</b>
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 50.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Dawn Jablonski</b>		Date of Receipt MM / DD / YYYY 10 / 16 / 2015 <b>Transaction ID : SA11AI.33442</b>
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 50.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 43 OF 72
	(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. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA11AI.33443**  
Amount of Each Receipt this Period 50.00  
PAC Contribution

**B. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
11 / 13 / 2015  
**Transaction ID : SA11AI.33444**  
Amount of Each Receipt this Period 50.00  
PAC Contribution

**C. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
11 / 27 / 2015  
**Transaction ID : SA11AI.33445**  
Amount of Each Receipt this Period 50.00  
PAC Contribution

**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 44 OF 72
	<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. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 11 / 2015**  
**Transaction ID : SA11AI.33446**  
Amount of Each Receipt this Period **50.00**  
PAC Contribution

**B. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 25 / 2015**  
**Transaction ID : SA11AI.33447**  
Amount of Each Receipt this Period **50.00**  
PAC Contribution

**C. Margaret Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Benjamin Lane  
City Niskayuna State NY Zip Code 12309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 03 / 2015**  
**Transaction ID : SA11AI.33500**  
Amount of Each Receipt this Period **70.00**  
PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **170.00**  
**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 45 OF 72
	<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. Margaret Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Benjamin Lane

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

**Transaction ID : SA11AI.33501**

Amount of Each Receipt this Period  

70.00
-------

PAC Contribution

**B. Margaret Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Benjamin Lane

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : SA11AI.33502**

Amount of Each Receipt this Period  

70.00
-------

PAC Contribution

**C. Margaret Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70 Benjamin Lane

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

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

Receipt For: 2016  
 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
08	/	14	/	2015

**Transaction ID : SA11AI.33503**

Amount of Each Receipt this Period  

70.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</b>
<b>TOTAL</b> 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 46 OF 72
	(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. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 28 / 2015**

**Transaction ID : SA11AI.33504**

Amount of Each Receipt this Period  
**70.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
**09 / 11 / 2015**

**Transaction ID : SA11AI.33505**

Amount of Each Receipt this Period  
**70.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**c. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
**09 / 25 / 2015**

**Transaction ID : SA11AI.33506**

Amount of Each Receipt this Period  
**70.00**

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</b>
<b>TOTAL</b> 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 47 OF 72
	(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. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
 10 / 09 / 2015

**Transaction ID : SA11AI.33507**

Amount of Each Receipt this Period  
 70.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **770.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015

**Transaction ID : SA11AI.33508**

Amount of Each Receipt this Period  
 70.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**c. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
 11 / 06 / 2015

**Transaction ID : SA11AI.33509**

Amount of Each Receipt this Period  
 70.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</b>
<b>TOTAL</b> 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 72
	(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. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **910.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 20 / 2015**

**Transaction ID : SA11AI.33510**

Amount of Each Receipt this Period  
**70.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **980.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2015**

**Transaction ID : SA11AI.33511**

Amount of Each Receipt this Period  
**70.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**c. Margaret Leonard**

Mailing Address 70 Benjamin Lane

City Niskayuna State NY Zip Code 12309

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
**12 / 18 / 2015**

**Transaction ID : SA11AI.33512**

Amount of Each Receipt this Period  
**70.00**

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>210.00</b>
<b>TOTAL</b> 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 72  
(check only one)

<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. 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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 27 / 2015  
**Transaction ID : SA11AI.33562**  
Amount of Each Receipt this Period 20.00  
PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 11 / 2015  
**Transaction ID : SA11AI.33563**  
Amount of Each Receipt this Period 20.00  
PAC Contribution

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 25 / 2015  
**Transaction ID : SA11AI.33564**  
Amount of Each Receipt this Period 20.00  
PAC Contribution

**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 50 OF 72
	<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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
10 / 02 / 2015  
**Transaction ID : SA11AI.33571**

Amount of Each Receipt this Period  
30.00

PAC Contribution

**B. 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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
10 / 16 / 2015  
**Transaction ID : SA11AI.33572**

Amount of Each Receipt this Period  
30.00

PAC Contribution

**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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Date of Receipt  
10 / 30 / 2015  
**Transaction ID : SA11AI.33573**

Amount of Each Receipt this Period  
30.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 72
	<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. Augusta Martin**

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: 2016  
 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 / 13 / 2015  
**Transaction ID : SA11AI.33574**

Amount of Each Receipt this Period  
30.00

PAC Contribution

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

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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015  
**Transaction ID : SA11AI.33575**

Amount of Each Receipt this Period  
30.00

PAC Contribution

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

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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2015  
**Transaction ID : SA11AI.33576**

Amount of Each Receipt this Period  
30.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 52 OF 72
	<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. 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2015  
**Transaction ID : SA11AI.33577**  
 Amount of Each Receipt this Period  
 PAC Contribution **30.00**

**B. Laurie Metheny**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Occupation VP  
 Receipt For: 2016  
 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 / 10 / 2015  
**Transaction ID : SA11AI.33591**  
 Amount of Each Receipt this Period  
 PAC Contribution **50.00**

**C. Laurie Metheny**  
 Full Name (Last, First, Middle Initial)  
 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 Health Care Occupation VP  
 Receipt For: 2016  
 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 / 24 / 2015  
**Transaction ID : SA11AI.33592**  
 Amount of Each Receipt this Period  
 PAC Contribution **50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> 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 72
	<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. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 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	/	07	/	2015

**Transaction ID : SA11AI.33593**

Amount of Each Receipt this Period  

50.00
-------

PAC Contribution

**B. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2015

**Transaction ID : SA11AI.33594**

Amount of Each Receipt this Period  

50.00
-------

PAC Contribution

**C. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 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	/	04	/	2015

**Transaction ID : SA11AI.33595**

Amount of Each Receipt this Period  

50.00
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PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 72
	<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 Health Care Occupation VP

Receipt For: 2016  
 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 / 18 / 2015**

**Transaction ID : SA11AI.33596**

Amount of Each Receipt this Period  
**50.00**

PAC Contribution

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 Health Care Occupation VP

Receipt For: 2016  
 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 / 02 / 2015**

**Transaction ID : SA11AI.33597**

Amount of Each Receipt this Period  
**50.00**

PAC Contribution

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 Health Care Occupation VP

Receipt For: 2016  
 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 / 16 / 2015**

**Transaction ID : SA11AI.33598**

Amount of Each Receipt this Period  
**50.00**

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 55 OF 72
	(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. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2015

**Transaction ID : SA11AI.33599**

Amount of Each Receipt this Period  
50.00

PAC Contribution

**B. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2015

**Transaction ID : SA11AI.33600**

Amount of Each Receipt this Period  
50.00

PAC Contribution

**C. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

**Transaction ID : SA11AI.33601**

Amount of Each Receipt this Period  
50.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 56 OF 72
	<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. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 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	/	11	/	2015

**Transaction ID : SA11AI.33602**

Amount of Each Receipt this Period  
50.00

PAC Contribution

**B. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016  
 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	/	25	/	2015

**Transaction ID : SA11AI.33603**

Amount of Each Receipt this Period  
50.00

PAC Contribution

**C. Carole Montepare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 McLain Court

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

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

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

Receipt For: 2016  
 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	/	09	/	2015

**Transaction ID : SA11AI.33623**

Amount of Each Receipt this Period  
30.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 57 OF 72
	<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. Carole Montepare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 McLain Court

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

**Transaction ID : SA11AI.33624**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**B. Carole Montepare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 McLain Court

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

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

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

Receipt For: 2016  
 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		06		2015

**Transaction ID : SA11AI.33625**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**C. Carole Montepare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 McLain Court

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

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

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

Receipt For: 2016  
 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		20		2015

**Transaction ID : SA11AI.33626**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 72
	<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. Carole Montepare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 McLain Court

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

**Transaction ID : SA11AI.33627**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**B. Carole Montepare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 McLain Court

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

**Transaction ID : SA11AI.33628**

Amount of Each Receipt this Period  

30.00
-------

PAC Contribution

**C. Susan Montgomery**  
Full Name (Last, First, Middle Initial)  
Mailing Address 84 York Ave

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

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

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

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

**Transaction ID : SA11AI.33637**

Amount of Each Receipt this Period  

20.00
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PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> 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 59 OF 72  
(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. Susan Montgomery**  
 Mailing Address 84 York Ave  
 City State Zip Code  
 Saratoga Springs NY 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care VP  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2015  
**Transaction ID : SA11AI.33638**  
 Amount of Each Receipt this Period  
 20.00  
 PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. Susan Montgomery**  
 Mailing Address 84 York Ave  
 City State Zip Code  
 Saratoga Springs NY 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care VP  
 Receipt For: 2016  
 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  
 11 / 20 / 2015  
**Transaction ID : SA11AI.33639**  
 Amount of Each Receipt this Period  
 20.00  
 PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. Susan Montgomery**  
 Mailing Address 84 York Ave  
 City State Zip Code  
 Saratoga Springs NY 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care VP  
 Receipt For: 2016  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2015  
**Transaction ID : SA11AI.33640**  
 Amount of Each Receipt this Period  
 20.00  
 PAC Contribution

**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 60 OF 72
	<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. Susan Montgomery**

Mailing Address 84 York Ave

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
MVP Health Care VP

Receipt For: 2016  
 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  
12 / 18 / 2015  
**Transaction ID : SA11AI.33641**

Amount of Each Receipt this Period  
20.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. James Poole**

Mailing Address 96 Spar Road

City State Zip Code  
Wilmington CT 06279

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

Name of Employer Occupation  
MVP Health Care VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2015  
**Transaction ID : SA11AI.33676**

Amount of Each Receipt this Period  
20.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. James Poole**

Mailing Address 96 Spar Road

City State Zip Code  
Wilmington CT 06279

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

Name of Employer Occupation  
MVP Health Care VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015  
**Transaction ID : SA11AI.33677**

Amount of Each Receipt this Period  
20.00

PAC Contribution

**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 61 OF 72
	<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. James Poole**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 Spar Road

City Willington State CT Zip Code 06279

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
 10 / 02 / 2015  
**Transaction ID : SA11AI.33678**

Amount of Each Receipt this Period  
 20.00

PAC Contribution

**B. James Poole**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 Spar Road

City Willington State CT Zip Code 06279

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : SA11AI.33679**

Amount of Each Receipt this Period  
 20.00

PAC Contribution

**C. James Poole**  
Full Name (Last, First, Middle Initial)

Mailing Address 96 Spar Road

City Willington State CT Zip Code 06279

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
 10 / 30 / 2015  
**Transaction ID : SA11AI.33680**

Amount of Each Receipt this Period  
 20.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> 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 72  
(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. James Poole**

Mailing Address 96 Spar Road

City Willington State CT Zip Code 06279

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 13 / 2015**

**Transaction ID : SA11AI.33681**

Amount of Each Receipt this Period  
**20.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**B. James Poole**

Mailing Address 96 Spar Road

City Willington State CT Zip Code 06279

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 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  
**11 / 27 / 2015**

**Transaction ID : SA11AI.33682**

Amount of Each Receipt this Period  
**20.00**

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C. James Poole**

Mailing Address 96 Spar Road

City Willington State CT Zip Code 06279

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2015**

**Transaction ID : SA11AI.33683**

Amount of Each Receipt this Period  
**20.00**

PAC Contribution

**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 63 OF 72  
(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. James Poole**

Mailing Address 96 Spar Road

City State Zip Code  
 Willington CT 06279

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

Name of Employer Occupation  
 MVP Health Care VP

Receipt For: 2016  
 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  
 12 / 25 / 2015  
**Transaction ID : SA11AI.33684**

Amount of Each Receipt this Period  
 20.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 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 / 10 / 2015  
**Transaction ID : SA11AI.33746**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 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 / 24 / 2015  
**Transaction ID : SA11AI.33747**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**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 64 OF 72  
(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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 08 / 07 / 2015  
**Transaction ID : SA11AI.33748**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 08 / 21 / 2015  
**Transaction ID : SA11AI.33749**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 09 / 04 / 2015  
**Transaction ID : SA11AI.33750**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

**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 65 OF 72  
(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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 09 / 18 / 2015  
**Transaction ID : SA11AI.33751**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 10 / 02 / 2015  
**Transaction ID : SA11AI.33752**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 10 / 16 / 2015  
**Transaction ID : SA11AI.33753**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

**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 66 OF 72  
(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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015

**Transaction ID : SA11AI.33754**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2015

**Transaction ID : SA11AI.33755**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2015

**Transaction ID : SA11AI.33756**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

**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 67 OF 72  
(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 Health Care VP

Receipt For: 2016  
 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 / 11 / 2015

**Transaction ID : SA11AI.33757**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

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 Health Care VP

Receipt For: 2016  
 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 / 25 / 2015

**Transaction ID : SA11AI.33758**

Amount of Each Receipt this Period  
 30.00

PAC Contribution

Full Name (Last, First, Middle Initial)  
**C.**

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8410.00

**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. BOEHNER FOR SPEAKER**

Mailing Address 320 FIRST ST., SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**JOHN A. BOEHNER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	28	/	2015

Transaction ID : **SB23.33962**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**CHRISTOPHER C COLLINS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2015

Transaction ID : **SB23.33985**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. ELISE FOR CONGRESS**

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**ELISE M. STEFANIK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2015

Transaction ID : **SB23.33958**

Amount of Each Disbursement this Period

1000.00
---------

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

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

4500.00
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**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. ELISE FOR CONGRESS**

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**ELISE M. STEFANIK**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**Transaction ID : SB23.33978**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. KATKO FOR CONGRESS**

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**JOHN M KATKO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

**Transaction ID : SB23.33966**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KATKO FOR CONGRESS**

Mailing Address 5407 ANVIL DRIVE

City CAMILLUS State NY Zip Code 13031

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**JOHN M KATKO**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2015			

**Transaction ID : SB23.33982**

Amount of Each Disbursement this Period

1000.00
---------

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

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

3000.00
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**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. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name  
**PAUL DAVID TONKO**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	28	/	2015

Transaction ID : **SB23.33980**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. RICHARD HANNA FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 118

City UTICA State NY Zip Code 13503

Purpose of Disbursement  
Voided Contribution

011

Candidate Name  
**RICHARD L. HANNA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 22

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	24	/	2015

Transaction ID : **SB23.33954**

Amount of Each Disbursement this Period

0.00
------

Full Name (Last, First, Middle Initial)

**C. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement

011

Candidate Name  
**SEAN PATRICK MALONEY**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	17	/	2015

Transaction ID : **SB23.33970**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00
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# 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. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**THOMAS W II REED**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2015

Transaction ID : **SB23.33974**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B. TOM REED FOR CONGRESS

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
**THOMAS W II REED**

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2015

Transaction ID : **SB23.33984**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

11500.00
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**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 72 OF 72
	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 <b>Deluxe Business Checks</b>	Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572	
City State Zip Code Cincinnati OH 45274	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Media Well Done</b>	Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street	
City State Zip Code Schenectady NY 12305	

Outstanding Balance Beginning This Period 338.00	<b>Transaction ID : SD10.4165</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

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

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

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