FEC FORM 3X

01/15/2016 15 : 07

PAGE 1 / 72

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Use Only	
1.	NAME C COMMIT)F TEE (in full)	TYPE OR PRINT ▼		mple: If typin r the lines.	ng, type	12FE4M5	5	
N	IVP He	alth Care Inc.	Federal PAC						
AD	DRESS (n	umber and street)	625 State Street						
C	thar	ock if different n previously prted. (ACC)	Schenectady				NY	12305	
2.	FEC ID	ENTIFICATION N	UMBER V	CITY 🔺		S		ZIP C	ODE 🔺
	C	00431429		3. IS THIS REPORT		NEW N) OR	AI (A	MENDED .)	
4.	TYPE (Choose	OF REPORT One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
		April 15		Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
		Quarterly Report (July 15	Q1) (c) 12-Day PRE-Ele		Primary (12F	?)	General	(12G)	Runoff (12R)
		Quarterly Report (October 15	Q2) Report fo		Convention (12C)	Special	(12S)	
	×	Quarterly Report (January 31 Year-End Report (Election on	M M /		Y Y Y Y	in the State	
		July 31 Mid-Year Report (Non-electio Year Only) (MY)	POST-E		General (300	a)	Runoff (30R)	Special (30S)
		Termination Report (TER)	Report fo	or the:	M M /	D D /	YYYYY	in the	
				Election on				State	
5.	Covering	Period 0		2015	through	M M 12	/ D D 31	2015]
l ce	ertify that	I have examined th	nis Report and to the	best of my kno	wledge and I	pelief it is true	e, correct an	d complete.	
Тур	e or Print	Name of Treasure	er Jordan Estey						
Sig	nature of	Treasurer Jord	lan Estey		[Electronically	v Filed]	ate 01	M / D D /	2016
NO	TE: Submi	ssion of false. error	neous, or incomplete ir	nformation may su	bject the pers	son signing th	is Report to t	he penalties of 2	2 U.S.C. §437a.
	1	ice se				<u> </u>		FEC FO Rev. 12	RM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	• Page 2
Write	or Type Committee Name		
MV	P Health Care Inc. Federal PA	NC .	
Repo	rt Covering the Period: From:	07 01 2015 To:	12 / D D / Y Y Y Y 12 31 2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 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. To	tal Disbursements (from Line 31)	11500.00	30500.00
Re	ash on Hand at Close of porting Period ubtract Line 7 from Line 6(d))	55886.34	55886.34
the	ebts and Obligations Owed TO e Committee (Itemize all on hedule C and/or Schedule D)	0.00	
the	bbts and Obligations Owed BY committee (Itemize all on hedule 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

Page 3

29645.00

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Report Covering the Period: From: 07	01 2015 To:	
(a) Individuals/Persons Other Than Political Committees (i) Unitemized (ii) Unitemized (iii) OTAL (add Lines 11(a)(ii) and (ii) (c) Other Political Committees (such as PACs) (iii) Totals (add Lines 11(a)(iii), (b), and (c) (Carry Totals for Beceived 0.00 11 Loans Received 0.00	I. Receipts		
Than Political Committees 9410.00 13560.00 (i) Itemized (use Schedule A) 95969.00 13365.00 (ii) OTAL (add 14379.00 26645.00 (iii) TOTAL (add 14379.00 26645.00 (ive) Political Party Committees 0.00 0.00 (ive) Application Political Committees 0.00 0.00 (ital Loans Received 0.00 0.00 All Loans Received 0.00 0.00 Cherry Totals to Line 37, page 5)	1. Contributions (other than loans) From:		
(i) Itemized (use Schedule A) 8410.00 13560.01 (ii) Unitemized			
(i) Heimized Use Schedule A)		8410.00	13560.00
(ii) TOTAL (add Lines 11(a)(i) and (i)	(I) Itemized (use Schedule A)	17 17 17 17	
(ii) TOTAL (add Lines 11(a)(i) and (i)	(ii) Unitemized	5969.00	13085.00
Lines 11(a)(i) and (ii)		7 7 7 0000.00	
Local Trigger State (c), marker in the second state (c) of the Political Committees 0.00 0.00 (c) Other Political Committees 0.00 0.00 (d) Total Contributions (add Lines 11(d), (b), and (c)) (Carry Totals to Line 33, page 5) 14379.00 26645.00 Transfers From Affiliated/Other 0.00 0.00 0.00 All Loans Received 0.00 0.00 0.00 Loan Repayments Received 0.00 0.00 0.00 Loan Repayments Received 0.00 0.00 0.00 Loan Repayments Received 0.00 0.00 0.00 Carry Totals to Line 37, page 5) 0.00 0.00 0.00 Refunds of Contributions Made 0.00 0.00 0.00 Other Federal Receipts 0.00 3000.00 0.00 Other Federal Account (from Schedule H3) 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 0.00 (c) Total Transfers (add Lines 11(d), 0.00 0.00 0.00		14379.00	26645.00
(a) Orbital Political Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Transfers From Affiliated/Other Party Committees 0.00 All Loans Received 0.00 All Loans Received 0.00 Offsets To Operating Expenditures Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Other Federal Candidates and Other Political Committees 0.00 Other Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		, , ,	
(c) Other Political Committees (such as PACs)	(b) Political Party Committees	0.00	0.00
(such as PACs)			
(d) Total Contributions (add Lines 11(d)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 14379.00 26645.00 Transfers From Affiliated/Other 0.00 0.00 0.00 Party Committees 0.00 0.00 0.00 All Loans Received 0.00 0.00 0.00 Loan Repayments Received 0.00 0.00 0.00 Cloan Repayments Received 0.00 0.00 0.00 Offsets To Operating Expenditures 0.00 0.00 0.00 Refunds, Rebates, etc.) 0.00 0.00 0.00 Clary Totals to Line 37, page 5) 0.00 0.00 0.00 Refunds of Contributions Made 0.00 0.00 0.00 Voirtansfers from Non-Federal and Levin Funds 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00 0.00		0.00	0.0
Totals to Line 33, page 5) 14379.00 22645.00 Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 All Loans Received 0.00 0.00 Loan Repayments Received 0.00 0.00 Carry Totals to Line 37, page 5) 0.00 0.00 Refunds, Rebates, etc.) 0.00 0.00 Carry Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made 0.00 0.00 to Federal Candidates and Other 0.00 3000.00 Political Committees 0.00 3000.00 Other Federal Receipts 0.00 3000.00 (Dividends, Interest, etc.) 0.00 0.00 Transfers from Non-Federal and Levin Funds 0.00 0.00 (a) Non-Federal Account 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 Total Receipts (add Lines 11(d), 0.00 0.00	. ,		
Transfers From Affiliated/Other Party Committees Quo0 All Loans Received All Loans Received Quo0 Loan Repayments Received Quo0 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Quo0 (Dividends, Interest, etc.) (Dividends, Interest, etc.) (Interest, etc.) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),	11(a)(iii), (b), and (c)) (Carry		
Party Committees 0.00 0.00 All Loans Received 0.00 0.00 Loan Repayments Received 0.00 0.00 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made to Federal Candidates and Other Political Committees 0.00 0.00 Other Federal Receipts (Dividends, Interest, etc.) 0.00 3000.00 Cansfers 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 Total Receipts (add Lines 11(d), 0.00 0.00	Totals to Line 33, page 5)	14379.00	26645.0
All Loans Received 0.00 Loan Repayments Received 0.00 Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 Other Federal Account 0.00 (Irom Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00	Transfers From Affiliated/Other		
All Loans Received 0.00 Uoans Repayments Received 0.00 Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (Dividends, Interest, etc.) 0.00 (a) Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d), 0.00	Party Committees	0.00	0.0
All Loans Received 0.00 Uoans Repayments Received 0.00 Offsets To Operating Expenditures 0.00 (Refunds, Rebates, etc.) 0.00 (Carry Totals to Line 37, page 5) 0.00 Refunds of Contributions Made 0.00 to Federal Candidates and Other 0.00 Political Committees 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 (Dividends, Interest, etc.) 0.00 (a) Non-Federal and Levin Funds 0.00 (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 7 total Receipts (add Lines 11(d), 0.00		0.00	
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	All Loans Received	7 7	0.0
Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),	Lease Decomposite Decoined	0.00	0.0
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made 0.00 to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		0.00	0.0
(Carry Totals to Line 37, page 5) 0.00 0.00 Refunds of Contributions Made 0.00 0.00 to Federal Candidates and Other 0.00 3000.00 Political Committees			
Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))		· · · · · · · · · · · · · · · · · · ·	47. 47. 48.
Political Committees 0.00 3000.0 Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 0.00 0.00 Transfers from Non-Federal and Levin Funds 0.00 0.00 (a) Non-Federal Account 0.00 0.00 (b) Levin Funds (from Schedule H3) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00			
Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		0.00	3000.0
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		7 7	7 7
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),		0.00	0.00
(from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 Total Receipts (add Lines 11(d),		7 7	7 7
(b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfers (add 18(a) and 18(b)) 0.00 0.00 Total Receipts (add Lines 11(d), 0.00 0.00	(a) Non-Federal Account		
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),	(from Schedule H3)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d),			
Total Receipts (add Lines 11(d),	(b) Levin Funds (from Schedule H5)	0.00	0.0
Total Receipts (add Lines 11(d),	(c) Total Transfore (add 19(c) and 19(b))	0.00	
			0.00
12, 13, 14, 15, 16, 17, and 18(c)) ► 14379.00 29645.00	Total Receipts (add Lines 11(d),		
		14379.00	29645.00
	Total Federal Receipts		

14379.00

(subtract Line 18(c) from Line 19)►

I

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(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
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	11500.00	30500.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11500.00	30500.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11500.00	30500.00

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date						
 Total Contributions (other than loans) (from Line 11(d), page 3) 	14379.00	26645.00						
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00						
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	14379.00	26645.00						
 add Line 21(a)(i) and Line 21(b)) 	0.00	0.00						
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00						
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00						

	age# 201001133004300044												
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)			R LINE eck on		MBER: e)	PAGE	6 OF	72			
	EMIZED RECEIPTS		Detailed Summary Page		(11a		11b	11c	12				
					13		14	15	16	17			
	y information copied from such Reports and s for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC											
Α.	Full Name (Last, First, Middle Initial) Karla Austen				Date o	of Red	ceipt						
	Mailing Address 25 Carriage House La.				м м 08	/	21	/ Y	2015	Y			
	City	State	Zip Code		Trans	sactio	on ID :	SA11AI.3					
	Saratoga Spgs.	NY	12866		Amoun	nt of E	Each R	eceipt this	Period				
	FEC ID number of contributing federal political committee.	С					,		60.0	00			
	Name of Employer	Occupatior	1	— F	PAC Co	ontrib	ution						
	MVP Health Care		ork Management										
	Receipt For: 2016			_									
	Primary General	Aggregate	Year-to-Date ▼	_									
	Other (specify)		240.00										
в.	Full Name (Last, First, Middle Initial) Karla Austen				Date o	of Red	ceipt						
	Mailing Address 25 Carriage House La.			09 04 2015									
	City	State	Zip Code		Trans	sactio	on ID :	SA11AI.3	3089				
	Saratoga Spgs.	NY	12866		Amoun	nt of E	Each R	eceipt this	Period				
	FEC ID number of contributing federal political committee.	С					,		60.0	00			
	Name of Employer	Occupation	1	- P	AC Co	ntribu	ution						
	MVP Health Care	EVP, Netwo	ork Management										
	Receipt For: 2016	Aggregate	Year-to-Date ▼										
	Primary General	55 5		11.									
	Other (specify)		300.00	1									
C.	Full Name (Last, First, Middle Initial) Karla Austen				Date o	of Red	ceipt						
	Mailing Address 25 Carriage House La.				09	/	D D D	/ Y	2015	Y			
	City	State	Zip Code		Trans	sactio	on ID :	SA11AI.3	3090				
	Saratoga Spgs.	NY	12866		Amoun	nt of E	Each R	eceipt this	Period				
	FEC ID number of contributing federal political committee.	С				ontrib	ution		60.	00			
	Name of Employer	Occupatior	1		PAC Co	מווווט	ulion						
	MVP Health Care	EVP, Netw	ork Management										
	Receipt For: 2016	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	33. 394.0	360.00										

SUBTOTAL of Receipts This Page (optional)			7		7	18	0.00	
	-E						1	
TOTAL This Period (last page this line number only)	1.	 	- 7	 		 	-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b	11c	12		17					
	y information copied from such Reports and for commercial purposes, other than using the				for the		rpose o	f soliciting	g contri	butio	ons					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC														
Α.	Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.				Date o	of R	/ D		Ý		Ŷ					
	City	State	Zip Code		10 Trop		02 tion ID	2 : SA11AI	2015	,	_					
	Saratoga Spgs.	NY	12866					Receipt th		od						
	FEC ID number of contributing federal political committee.	С					7	7		60.0	00					
	Name of Employer	Occupation	l	PAC Contribution												
	MVP Health Care	EVP, Netwo	ork Management													
	Receipt For: 2016 Primary General Other (specify) ▼	Primary General General														
В.	Full Name (Last, First, Middle Initial) Karla Austen		Date c	of R	eceipt											
	Mailing Address 25 Carriage House La.		M M / D D / Y													
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	.33092							
	Saratoga Spgs.	NY	12866	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					7			60.0	00					
	Name of Employer	Occupation	l	PAC Contribution												
	MVP Health Care	EVP, Netwo	ork Management													
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]												
<u></u> с.	Full Name (Last, First, Middle Initial) Karla Austen	1			Date c	of R	eceipt									
	Mailing Address 25 Carriage House La.				м м 10	Л	/ 30		2015		Y					
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.33093							
	Saratoga Spgs.	NY	12866		Amour	nt o	f Each	Receipt tl	his Peri	od						
	FEC ID number of contributing federal political committee.	С			PAC Co	ontr	ibution	7		60.0	00					
	Name of Employer	r		JIII	DULION											
	MVP Health Care	EVP, Netwo	ork Management													
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00													
s	UBTOTAL of Receipts This Page (optional)						7		18	80.0)0					

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

	age# 201001100000000															
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			DR LINE	8	OF	72									
			for each category of the Detailed Summary Page		X 11a		11b	11c	12	_	_					
_					13		14	15	16		17					
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the olicit co	purp ntrib	oose of utions	f soliciting from such	contril comm	outior nittee	าร					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC														
Α.	Full Name (Last, First, Middle Initial) Karla Austen				Date o	of Re	ceipt									
	Mailing Address 25 Carriage House La.			M M / D D / Y Y Y Y Y Y 11 13 2015												
	City	State	Zip Code		11132015 Transaction ID : SA11AI.33094											
	Saratoga Spgs.	NY	12866		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7			60.00)					
	Name of Employer	Occupation		PAC Contribution												
	MVP Health Care		ork Management													
	Receipt For: 2016		5	_												
	Primary General	Aggregate	Year-to-Date ▼													
	Other (specify)		600.00	4												
В.	Full Name (Last, First, Middle Initial) Karla Austen				Date o	f Re	ceipt									
	Mailing Address 25 Carriage House La.				11 27 _2015											
	City	State	Zip Code			sacti				-						
	Saratoga Spgs.	NY	12866	Transaction ID : SA11AI.33095 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С					,			60.00						
	Name of Employer	Occupation	1	— I	PAC Co	ntrib	ution									
	MVP Health Care	EVP, Netwo	ork Management													
	Receipt For: 2016		Year-to-Date ▼													
	Primary General	, iggi oguto		11.												
	Other (specify)	L	, 660.00	4												
С.	Full Name (Last, First, Middle Initial) Karla Austen				Date o	of Re	ceipt									
	Mailing Address 25 Carriage House La.				M M	_			2015		1					
	City	State	Zip Code		and the second sec	sacti		: SA11AI.3								
	Saratoga Spgs.	NY	12866					Receipt thi		od						
	FEC ID number of contributing federal political committee.	С					7		_	60.00)					
	Name of Employer	Occupation	1	PAC Contribution												
	MVP Health Care		ork Management													
	Receipt For: 2016		-													
	Primary General	Ayyreyate	Year-to-Date ▼													
	Other (specify)	L	720.00													

SUBTOTAL of Receipts This Page (optional)			7		- 7		1	80.00	0
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	1.4	 	- 7 -	 -		_	- Aller		- 1

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

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72

		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) A. Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Other (specify) ▼		Zip Code 12866 ork Management Year-to-Date ▼ 780.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dominick Bizzarro Mailing Address 32 Devonshire Way City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Other (specify)	State NY C Occupation EVP Aggregate	Zip Code 12065 Year-to-Date ▼ 240.00	Date of Receipt 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 Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 X Primary General Other (specify) ▼	State NY C Occupation EVP Aggregate	Zip Code 12065 Year-to-Date ▼ 280.00	Date of Receipt 08 28 2015 Transaction ID : SA11AI.33115 Amount of Each Receipt this Period 40.00 PAC Contribution
SUBTOTAL of Receipts This Page (optional).			140.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 72 (check only one)
	y information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC		
Α.	Full Name (Last, First, Middle Initial) Dominick Bizzarro Mailing Address 32 Devonshire Way			Date of Receipt
	City Clifton Park	State NY	Zip Code 12065	09 11 2015 Transaction ID : SA11AI.33116 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	Occupation EVP Aggregate	Year-to-Date ▼ 320.00	PAC Contribution
в.	Full Name (Last, First, Middle Initial) Dominick Bizzarro Mailing Address 32 Devonshire Way			Date of Receipt
	City Clifton Park FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	09 25 2015 Transaction ID : SA11AI.33117 Amount of Each Receipt this Period 40.00
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
с.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 32 Devonshire Way	State	Zip Code	10 09 2015 Transaction ID : SA11AI.33118
	Clifton Park FEC ID number of contributing federal political committee.	NY C	12065	Amount of Each Receipt this Period
	Name of Employer MVP Health Care Receipt For: 2016	Occupation EVP Aggregate	Year-to-Date ▼ 400.00	PAC Contribution
s	UBTOTAL of Receipts This Page (optional)			120.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 72 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Dominick Bizzarro			Date of Receipt
	Mailing Address 32 Devonshire Way			10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.33119 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care	Occupation EVP	I	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]
	Full Name (Last, First, Middle Initial) Dominick Bizzarro			Date of Receipt
D.	Mailing Address 32 Devonshire Way		1,1 0,6 2015	
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.33120 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
с.				Date of Receipt
	Mailing Address 32 Devonshire Way			M M / D D / Y Y Y Y 11 20 2015
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.33121 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00	
	Name of Employer	Occupation	l	PAC Contribution
	MVP Health Care Receipt For: 2016 Y Primary Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	1
s	UBTOTAL of Receipts This Page (optional)		·····	120.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 72 (check only one) (check only one) </th
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Dominick Bizzarro			Date of Receipt
	Mailing Address 32 Devonshire Way			12 04 Y Y Y Y 12 04 2015
	Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.33122 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care	Occupation EVP	1	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00]
В.	Full Name (Last, First, Middle Initial) Dominick Bizzarro			Date of Receipt
	Mailing Address 32 Devonshire Way			12 18 2015
	Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.33123 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt
	Mailing Address 19 Julia Ct			07 10 _2015 _
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.33146 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00	
	Name of Employer	Occupation	l	PAC Contribution
	MVP Health Care Receipt For: 2016 Y Primary Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	1
s	UBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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72

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St. or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC	
Full Name (Last, First, Middle Initial) A. Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary □ General Other (specify) ▼	State Zip Code NY 10541 C Occupation EVP Aggregate Year-to-Date ▼ 360.00 360.00	Date of Receipt 07 24 2015 Transaction ID : SA11AI.33149 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		Date of Receipt
City Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General	State Zip Code NY 10541 C Occupation EVP Aggregate Year-to-Date ▼	08 07 2015 Transaction ID : SA11AI.33147 Amount of Each Receipt this Period 40.00 PAC Contribution
C. Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee.	State Zip Code NY 10541	Date of Receipt 08 / 21 / 2015 Transaction ID : SA11AI.33148 Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	Occupation EVP Aggregate Year-to-Date ▼ 440.00	PAC Contribution
SUBTOTAL of Receipts This Page (optional)		120.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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72

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct			Date of Receipt
	City	State	Zip Code	09 04 2015 Transaction ID : SA11AI.33137
	Mahopac	NY	10541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer	Occupation	1	PAC Contribution
	MVP Health Care	EVP		
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
в.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt
	Mailing Address 19 Julia Ct			09 18 2015
	City	State	Zip Code	Transaction ID : SA11AI.33138
	Mahopac	NY	10541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer	Occupation	1	PAC Contribution
	MVP Health Care	EVP		
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	
с.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt
	Mailing Address 19 Julia Ct			10 02 2015
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.33139 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00 PAC Contribution
	Name of Employer	Occupation	1	
	MVP Health Care	EVP		
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	
s	UBTOTAL of Receipts This Page (optional)		•	120.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

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72

TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct City Mahopac FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 10541	Date of Receipt 10 16 2015 Transaction ID : SA11AI.33140 Amount of Each Receipt this Period 40.00 PAC Contribution
MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	EVP Aggregate Year-to-Date ▼ 600.00]
Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct City	State Zip Code	Date of Receipt
Mahopac FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016	NY 10541 C Occupation EVP	Transaction ID : SA11AI.33141 Amount of Each Receipt this Period 40.00 PAC Contribution
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) C. Catherine Buhler Clancy Mailing Address 19 Julia Ct City	State Zip Code	Date of Receipt
Mahopac FEC ID number of contributing federal political committee. Name of Employer	NY 10541 C Occupation	Transaction ID : SA11AI.33142 Amount of Each Receipt this Period 40.00 PAC Contribution
MVP Health Care Receipt For: 2016 Y Primary Other (specify) ▼	EVP Aggregate Year-to-Date ▼ 680.00]
SUBTOTAL of Receipts This Page (optional)		▶ 120.00

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

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Im	age# 201601159004506654			
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 72 (check only one)
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Α.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt
	Mailing Address 19 Julia Ct			11 27 2015
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.33143 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP Health Care	Occupation EVP	I	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]
В.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt
	Mailing Address 19 Julia Ct			M M / D D / Y Y Y Y 12 11 2015
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.33144
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer MVP Health Care	Occupation EVP	1	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00]
С.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt
	Mailing Address 19 Julia Ct	0		12 / Y Y Y Y 12 25 2015
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.33145
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 40.00
	Name of Employer	Occupation	1	PAC Contribution
	MVP Health Care	EVP		
	Receipt For: 2016		Vear-to-Date 🔻	

800.00

Aggregate Year-to-Date **V**

Primary

Other (specify)

X

General

Image# 201601159004506655							
SCHEDULE A (FEC Form ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 72 (check only one) (check 111 (check 1111 (check 11111 (check 1111 (check 1111 </th				
			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
MVP Health Care Inc. Fed	eral PAC						
Full Name (Last, First, Middle Initial)	Carl Cameron						
Mailing Address 285 Willowcrest Drive			10 02 2015				
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.33156 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer MVP	Occupation VP Medica		PAC Contribution				
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]				
Full Name (Last, First, Middle Initial) B. Carl Cameron Mailing Address 285 Willowcrest Drive			Date of Receipt				
City	State	Zip Code	Transaction ID : SA11AI.33157				
Rochester	NY	14618	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer MVP	Occupation VP Medica		PAC Contribution				
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]				
Full Name (Last, First, Middle Initial) C. Carl Cameron			Date of Receipt				
Mailing Address 285 Willowcrest Drive	State	Zip Code	10 30 2015				
Rochester	NY	14618	Transaction ID : SA11AI.33158 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer	Occupation	1	PAC Contribution				
MVP	VP Medica	l Director					
Receipt For: 2016	Anareaste	Year-to-Date ▼					

Aggregate Year-to-Date **V**

270.00

90.00

Primary

Other (specify)

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General

SUBTOTAL of Receipts This Page (optional).....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 72 (check only one) (check only one) </th
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Carl Cameron			Date of Receipt
	Mailing Address 285 Willowcrest Drive			M = M / D = D / Y = Y = Y = Y 11 13 2015
	City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.33159 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation VP Medical		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
B.	Full Name (Last, First, Middle Initial)			Date of Receipt
υ.	Mailing Address 285 Willowcrest Drive	11 27 _2015		
	City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.33160 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation VP Medical		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 285 Willowcrest Drive			M M / D D / Y Y Y Y 12 11 2015
	City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.33161 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation VP Medical		PAC Contribution
	Receipt For: 2016	Aggregate	Year-to-Date ▼ 360.00]
s	UBTOTAL of Receipts This Page (optional)			90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separa for each ca Detailed S
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	
NAME OF COMMITTEE (In Full)	

ate schedule(s) ategory of the

FOR LINE NUMBER:

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PAGE 19 OF

72

14 15 16 17 e purpose of soliciting contributions ontributions from such committee. of Receipt 1 25 2015 saction ID : SA11AI.33162 nt of Each Receipt this Period 30.00								
of Receipt 25 2015 saction ID : SA11AI.33162 ht of Each Receipt this Period 30.00								
a / 25 2015 saction ID : SA11AI.33162 Int of Each Receipt this Period 30.00								
Date of Receipt								
Og IS 2015 Transaction ID : SA11AI.33220 Amount of Each Receipt this Period 40.00								
ontribution								
of Receipt								
02 2015 saction ID : SA11AI.33221 th of Each Receipt this Period								
40.00								
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 72 (check only one)
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC		
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
	City	State	Zip Code	10 16 2015 Transaction ID : SA11AI.33222
	Every	NY	13090	Amount of Each Receipt this Period 40.00
	Name of Employer	Occupation	etwork Director	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
В.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
	City Liverpool FEC ID number of contributing	State NY	Zip Code 13090	10 30 2015 Transaction ID : SA11AI.33223 Amount of Each Receipt this Period
	federal political committee. Name of Employer MVP	Occupation Regional No	etwork Director	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
C.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
	City Liverpool	State NY	Zip Code 13090	11 13 2015 Transaction ID : SA11AI.33224 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Receipt For: 2016		etwork Director	PAC Contribution
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	1
	UBTOTAL of Receipts This Page (optional)			120.00

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	-										
TOTAL This Period (last page this line number only)	•	L			7			7			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 72 (check only one) (check only one) 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
	Mailing Address 7723 Majestic Drive			M M / D D / Y Y Y Y Y 11 27 2015
	City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.33225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation Regional N	etwork Director	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]
B	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
В.	Mailing Address 7723 Majestic Drive			12 11 _2015 _
	City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.33226 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation Regional Ne	etwork Director	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
	Mailing Address 7723 Majestic Drive			M M / D D / Y Y Y Y 12 25 2015
	City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.33227 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation Regional N	etwork Director	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	-	Year-to-Date ▼ 520.00]
s	UBTOTAL of Receipts This Page (optional)			120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 OF 72 (check only one)				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
Α.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt				
	Mailing Address 2854 W. Old State Rd			07 13 2015				
	City	State	Zip Code	Transaction ID : SA11AI.33237				
	Schenectady	NY	12303	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer	Occupation	1	PAC Contribution				
	MVP Health Care	EVP						
	Receipt For: 2016	Anareaate	Year-to-Date ▼	—				
	Primary General Other (specify) ▼		240.00]				
_	Full Name (Last, First, Middle Initial)							
В.	Christopher Del Vecchio			Date of Receipt				
	Mailing Address 2854 W. Old State Rd	07 27 2015						
	City	State	Zip Code	Transaction ID : SA11AI.33238				
	Schenectady	NY	12303	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer MVP Health Care	Occupation EVP	1	PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼		agate Year-to-Date ▼ 300.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt				
	Mailing Address 2854 W. Old State Rd			08 10 2015				
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.33239 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer	Occupation	1	PAC Contribution				
	MVP Health Care							
	Receipt For: 2016	-						
	Y Primary General Other (specify) ▼		Year-to-Date ▼ 360.00]				
s	UBTOTAL of Receipts This Page (optional)			180.00				

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

SCHEDULE A (FEC Form 3X)	Γ
ITEMIZED RECEIPTS	

FOR LINE NUMBER:

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72

	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12		17							
	ny information copied from such Reports and for commercial purposes, other than using t				for the		rpose c	of soliciting	g contrik	outi	ons							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal					-												
Α.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio Mailing Address 2854 W. Old State Rd	cchio						Date of Receipt										
	City	State NY	Zip Code 12303		09 07 2015 Transaction ID : SA11AI.33228													
	Schenectady FEC ID number of contributing federal political committee.	ID number of contributing								Amount of Each Receipt this Period								
	Name of Employer MVP Health Care Receipt For: 2016 Primary General	Occupation EVP Aggregate	Year-to-Date ▼	— P	AC Co	ontri	bution											
	Other (specify)	L	420.00															
В.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio Mailing Address 2854 W. Old State Rd				Date of Receipt													
	City	State Zip Code					09 18 2015 Transaction ID : SA11AI.33229											
	Schenectady	NY	12303					Receipt th		bd								
	FEC ID number of contributing federal political committee.	С		60.00 PAC Contribution														
	Name of Employer MVP Health Care	Occupation EVP			AC Co	ntrit	oution											
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]														
<u>с</u> .	Full Name (Last, First, Middle Initial) Christopher Del Vecchio				Date o	f Re	eceipt											
	Mailing Address 2854 W. Old State Rd						10 02 2015											
	City Schenectady	State NY	Zip Code 12303					: SA11AI Receipt th		od								
	FEC ID number of contributing federal political committee.				7			60.0	00									
	Name of Employer MVP Health Care	Occupation EVP		F	PAC Co	ontri	bution											
	Receipt For: 2016 Primary General Other (specify) V		Year-to-Date ▼ 540.00]														
5	UBTOTAL of Receipts This Page (optional).					1	7		18	30.0	0							

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 72 (check only one)				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	statements may	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
Α.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt				
	Mailing Address 2854 W. Old State Rd	Chata	Zia Osta	10 16 / Y Y Y Y Y 2015				
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.33231 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]				
	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt				
D.	Mailing Address 2854 W. Old State Rd			10 30 2015				
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.33232 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00					
с.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt				
	Mailing Address 2854 W. Old State Rd			11 13 2015				
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.33233 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer	Occupation		PAC Contribution				
	MVP Health Care Receipt For: 2016 X Primary General Other (specify) ▼	EVP Aggregate	Year-to-Date ▼ 720.00	1				
s	UBTOTAL of Receipts This Page (optional)		·····	180.00				

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

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3X) Use separate sche for each category Detailed Summary		FOR LINE NUMBER: PAGE 25 OF (check only one) X 11a 11b 11c 12								
			13 14 15 16								
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa Full Name (Last, First, Middle Initial) A. Christopher Del Vecchio Mailing Address 2854 W. Old State Rd City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	I PAC State NY C Occupation EVP	Zip Code 12303	erson for the purpose of soliciting contributions								
Full Name (Last, First, Middle Initial) B. Christopher Del Vecchio Mailing Address 2854 W. Old State Rd City Schenectady	State	Zip Code 12303	Date of Receipt 12 11 2015 Transaction ID : SA11AI.33235 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016	C Occupation EVP Aggregate	Year-to-Date ▼ 840.00	PAC Contribution								
Full Name (Last, First, Middle Initial) C. Christopher Del Vecchio Mailing Address 2854 W. Old State Rd City Schenectady FEC ID number of contributing federal political committee.	State NY C	Zip Code 12303	Date of Receipt M M M / D D / 2015 Transaction ID : SA11AI.33236 Amount of Each Receipt this Period 60.00								
Name of Employer	Occupation	1	PAC Contribution								

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MVP Health Care

Receipt For: 2016

Primary

Other (specify)

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General

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

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72

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16									
			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	-											
A. Jordan Estey Mailing Address 6211 Hathaway House	e		Date of Receipt									
Apt. 5	State	Zip Code	07 24 2015									
Albany	NY	12203	Transaction ID : SA11AI.33280									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer	Occupation		PAC Contribution									
MVP Health Care	Government	Affairs										
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]									
Full Name (Last, First, Middle Initial) B. Jordan Estey			Date of Receipt									
Mailing Address 6211 Hathaway House Apt. 5	08 21 2015											
City	State	Zip Code	Transaction ID : SA11AI.33282									
Albany	NY	12203	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer MVP Health Care	Occupation Government	Affairs	 PAC Contribution 									
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00										
Full Name (Last, First, Middle Initial) C. Jordan Estey			Date of Receipt									
Mailing Address 6211 Hathaway Hous Apt. 5	e		09 04 2015									
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.33283 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer	Occupation		PAC Contribution									
MVP Health Care	Governmen	Affairs										
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]									
SUBTOTAL of Receipts This Page (opti	onal)		90.00									

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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72

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b 14	11c		12 16	17
Any information copied from such Reports and or for commercial purposes, other than using			or the		pose of	f soliciting	g cont	tributi	ions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa									
Full Name (Last, First, Middle Initial) A. Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify) ▼	State NY C Occupation Governmer Aggregate			sact	18 ion ID : Each F			15 4	00
Full Name (Last, First, Middle Initial) B. Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify) ▼	State NY C Occupation Governmen Aggregate			sact	02 ion ID : Each F			5 5	Y 00
Full Name (Last, First, Middle Initial) Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify)	State NY C Occupation Governmer Aggregate			sact	16 tion ID Each F		201 . 33286	6	
SUBTOTAL of Receipts This Page (optional).						1 45		90.0	00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 72 (check only one) I1a 11b 11c 12					
			ay not be sold or used by any p	erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal								
A .	Full Name (Last, First, Middle Initial) Jordan Estey			Date of Receipt					
	Mailing Address 6211 Hathaway House Apt. 5 City	State	Zip Code	10 30 2015 Transaction ID : SA11AI.33287					
	Albany	NY	12203	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer	Occupation	1	PAC Contribution					
	MVP Health Care	Governmer	nt Affairs						
	Receipt For: 2016	Aggregate	Year-to-Date ▼						
	Primary General		200.00	1					
	Other (specify)		390.00						
В.	Full Name (Last, First, Middle Initial) Jordan Estey			Date of Receipt					
	Mailing Address 6211 Hathaway House Apt. 5			11 13 Y Y Y Y Y 2015					
	City	State	Zip Code	Transaction ID : SA11AI.33288					
	Albany	NY	12203	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer	Occupatior	1	PAC Contribution					
	MVP Health Care	Governmer	nt Affairs						
	Receipt For: 2016	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		420.00]					
с.	Full Name (Last, First, Middle Initial) Jordan Estey	·		Date of Receipt					
	Mailing Address 6211 Hathaway House Apt. 5			M M / D D / Y Y Y Y Y 11 27 2015					
	City	State	Zip Code	Transaction ID : SA11AI.33289					
	Albany	NY	12203	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer	Occupatior	1	PAC Contribution					
	MVP Health Care	Governme	nt Affairs						
	Receipt For: 2016	Aggregate	Year-to-Date ▼						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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72

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC		
Full Name (Last, First, Middle Initial) Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	State NY C Occupation Governmer Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. Jordan Estey Mailing Address 6211 Hathaway House Apt. 5 City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Other (specify)	State NY C Occupation Governmen Aggregate		Date of Receipt 12 25 2015 Transaction ID : SA11AI.33291 Amount of Each Receipt this Period 30.00 PAC Contribution
Full Name (Last, First, Middle Initial) C. Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Y Other (specify)		Zip Code 14610 re Products 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 (option	ial)		140.00

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

18

- 7 -

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 72 (check only one) 11a 11a 11b 13 14			
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC					
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt			
	Mailing Address 165 Windemere Road			M = M / D = D / Y = Y = Y Y 08 21 2015			
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.33334 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		80.00			
	Name of Employer MVP Receipt For: 2016		nre Products Year-to-Date ▼	PAC Contribution			
	Primary General Other (specify) ▼		320.00]			
В.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt			
	Mailing Address 165 Windemere Road	09 04 2015					
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.33335 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		80.00			
	Name of Employer MVP	Occupation VP, Medica		PAC Contribution			
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]			
<u>с</u> .	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt			
	Mailing Address 165 Windemere Road			09 18 2015			
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.33336 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		80.00			
	Name of Employer MVP	Occupation VP. Medica	are Products	PAC Contribution			
	Receipt For: 2016 Primary General Other (specify) ▼		Year-to-Date ▼ 480.00]			
s	UBTOTAL of Receipts This Page (optional)			240.00			

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 31 OF 72 (check only one) 11a X 11a					
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC							
۲ <u>ــــــ</u>	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt					
	Mailing Address 165 Windemere Road			10 02 2015					
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.33337 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		80.00					
	Name of Employer MVP	Occupation VP, Medica	re Products	PAC Contribution					
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00]					
В.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt					
2.	Mailing Address 165 Windemere Road			10 16 2015					
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.33338 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		80.00					
	Name of Employer MVP	Occupation VP, Medica		PAC Contribution					
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00]					
<u></u> .	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt					
	Mailing Address 165 Windemere Road			10 / Y Y Y Y 2015					
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.33339 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		80.00					
	Name of Employer MVP	Occupation VP, Medica	re Products	PAC Contribution					
	Receipt For: 2016 X Primary General Other (specify) ▼		Year-to-Date ▼ 720.00]					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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72

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		1 -7						
	ny information copied from such Reports and for commercial purposes, other than using t				for the		rpose d	of solicitin	g contri	but							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal																
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	City Rochester	State NY	Zip Code 14610	11 13 2015 Transaction ID : SA11AI.33340 Amount of Each Beceipt this Period													
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 80.00 PAC Contribution												
	Name of Employer MVP Receipt For: 2016	Occupation VP, Medica	re Products	— F	PAC Co	ontri	bution										
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]													
в.	Full Name (Last, First, Middle Initial) Patrick Glavey				Date of Receipt												
	Mailing Address 165 Windemere Road						11 27 2015										
	City Rochester	State NY	Zip Code 14610	-	Transaction ID : SA11AI.33341 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			80.00												
	Name of Employer MVP	Occupation VP, Medica		— P	PAC Contribution												
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00]													
<u></u> с.	Full Name (Last, First, Middle Initial) Patrick Glavey				Date o	f Re	eceipt										
	Mailing Address 165 Windemere Road						12 11 2015										
	City Rochester	State NY	Zip Code 14610		Transaction ID : SA11AI.33342 Amount of Each Receipt this Period												
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	Name of Employer MVP	Occupation VP, Medica	re Products	F	PAC Co	ontri	bution										
	Receipt For: 2016		Year-to-Date ▼ 960.00														
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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72

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				erson for the purpose of soliciting contributions to solicit contributions from such committee.										
	F COMMITTEE (In Full) Health Care Inc. Federa	al PAC												
A. Patrick	e (Last, First, Middle Initial) Calavey ddress 165 Windemere Road			Date of Receipt										
City Rocheste	er	State NY	Zip Code 14610	12 25 2015 Transaction ID : SA11AI.33343 Amount of Each Receipt this Period										
federal p	number of contributing olitical committee.	C		PAC Contribution										
MVP Receipt f	Employer For: 2016 mary General her (specify) v	VP, Medica	re Products Year-to-Date ▼ 1040.00											
B. Denise	e (Last, First, Middle Initial) e Gonick ddress 803 Via Marchella	Date of Receipt												
City		State NY	Zip Code 12303	08 07 2015 Transaction ID : SA11AI.33346 Amount of Each Receipt this Period										
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MVP Hea	Employer Ilth Care, Inc. For: 2016		f Legal Officer Year-to-Date ▼											
\sim	mary General ner (specify) v		240.00]										
c. Denis				Date of Receipt										
City	ddress 803 Via Marchella	08 21 2015 Transaction ID : SA11AI.33347												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	ZED RECEIPTS		Detailed Summary Page		×	11a 13		11b 14	11c		12 16	17						
	ormation copied from such Reports an ommercial purposes, other than using					or the		pose d	of solicitin	g cont	tributi	ons						
	e of committee (in Full) 'P Health Care Inc. Federa	II PAC																
A. De Maili	Name (Last, First, Middle Initial) nise Gonick ng Address 803 Via Marchella			Date of Receipt 09 04 2015 Transaction ID : SA11AI.33348 Amount of Each Receipt this Period														
City Sch	enectady	State NY	Zip Code 12303															
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	Health Care, Inc.	EVP & Chie	ef Legal Officer															
	eipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]														
	Full Name (Last, First, Middle Initial) Denise Gonick							Date of Receipt										
Maili	Mailing Address 803 Via Marchella						09 18 2015											
City		State	Zip Code		Transaction ID : SA11AI.33349													
Sche	enectady	NY 12303							Receipt t	his Pe	riod							
	ID number of contributing ral political committee.	С		PAC Contribution							00							
	e of Employer	Occupation	1		PA	C Co	ntrib	oution										
	Health Care, Inc.	EVP & Chie	ef Legal Officer															
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	Name (Last, First, Middle Initial) nise Gonick	ł			D	ate o	f Re	eceipt										
	ng Address 803 Via Marchella				10 02 2015													
City		State	Zip Code			Trans	sact	ion ID	: SA11A	.33350	0	_						
Sch	enectady	NY	12303	Amount of Each Receipt this Period														
	ID number of contributing ral political committee.		PAC Contribution							00								
Nam	e of Employer	Occupation	1		PF		Intri	bution										
	Health Care, Inc.	EVP & Chi	ef Legal Officer															
	eipt For: 2016 Primary General Other (specify) ▼]																
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS			Detailed Summary Page		X 11			11b	11c		12 16		17			
	ny information copied from such Reports an for commercial purposes, other than using				for	he		pose	of solicitir		ontribu					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC														
A .	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: 2016 Y Primary		Zip Code 12303 ef Legal Officer Year-to-Date ▼		Tr Amo	0 ans	sact			2 1.333	Period	Y .00				
_	C Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	640.00	+				· .								
В.	Mailing Address 803 Via Marchella						Date of Receipt 10 30 2015									
	City	State	Zip Code		Transaction ID : SA11AI.33352											
	Schenectady	NY	12303	Amount of Each Rec						ceipt this Period						
	FEC ID number of contributing federal political committee.	С			80.00											
	Name of Employer MVP Health Care, Inc.	Occupation EVP & Chie	f Legal Officer		PAC	Co	ntrik	oution								
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	1]											
С.	Full Name (Last, First, Middle Initial) Denise Gonick				Date	e o	f Re	eceipt								
	Mailing Address 803 Via Marchella				11 13 / Y Y Y Y Y 11 13											
	City Schenectady	State NY	Zip Code 12303						: SA11A Receipt							
	FEC ID number of contributing federal political committee.		PAC Contribution													
	Name of Employer	Occupation			PAC	CC	Dritri	bution								
MVP Health Care, Inc.		EVP & Chie	ef Legal Officer													
	Receipt For: 2016 → Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00													
s	UBTOTAL of Receipts This Page (optional))		 ►				3			240.	.00				

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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TTEMIZED RECEIPTS			Detailed Summary Page			11a 13		11b 14	11c		12 16	17						
	ny information copied from such Reports an for commercial purposes, other than using				ו fo	r the		pose c	of solicitir		ontribu	tions						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC																
۲ <u>ـــــــ</u>	Full Name (Last, First, Middle Initial) Denise Gonick				Date of Receipt													
	Mailing Address 803 Via Marchella				11 27 2015													
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.33354 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	C			80.00													
	Name of Employer MVP Health Care, Inc.	Occupation	ef Legal Officer		PA	C Co	ontrik	oution										
	Receipt For: 2016 Primary General Other (specify) ▼		Year-to-Date ▼ 880.00]														
в.	Full Name (Last, First, Middle Initial) B. Denise Gonick							Date of Receipt										
	Mailing Address 803 Via Marchella							12 11 2015										
	City	State	Zip Code			Frans	sact	ion ID	: SA11A	.333	55							
	Schenectady	NY	12303		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			80.00													
	Name of Employer MVP Health Care, Inc.	Occupation EVP & Chie	f Legal Officer		PAC Contribution													
	Receipt For: 2016 Primary General Other (specify) ▼		Year-to-Date ▼ 960.00]														
<u>с</u> .	Full Name (Last, First, Middle Initial) Denise Gonick	I			D	ate c	of Re	eceipt										
	Mailing Address 803 Via Marchella				12 25 _2015 _													
	City Schenectady	State NY	Zip Code 12303						: SA11A Receipt 1									
	FEC ID number of contributing federal political committee.	С			80.00													
	Name of Employer	of Employer Occupation																
	MVP Health Care, Inc.																	
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00]														
s	UBTOTAL of Receipts This Page (optional)			▶	ļ			7		-	240.	.00						

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TIEMIZED REC	EIF I J		for each category of the Detailed Summary Page	X	-		11b	11c	12		٦
			y not be sold or used by any p ddress of any political committee								
									T COMM	llee.	
Full Name (Last, Fin A. Rosemarie Hog Mailing Address 45	an				Date or M M	_	ceipt 02		y y 2015	Y	
City		State NY	Zip Code					SA11AI.			
Schenectady		IN Y	12306	/	Amoun	t of I	Each F	Receipt th	nis Perio	d	
FEC ID number of federal political com		С					,	7	3	0.00	
Name of Employer		Occupation		- P.	AC Co	ntrib	ution				
MVP		Administrati	ve								
Receipt For: 2016 Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 210.00]							
Full Name (Last, Fin B. Rosemarie Hog					Date o	f Red	ceipt				
Mailing Address 45	Crestwood Drive				м м 10	/	16		ү ү 2015	Y	
City							on ID :	SA11AI.	33390		
Schenectady	Schenectady NY 12306						Each F	Receipt th	nis Perior	d	
FEC ID number of federal political com	0	С					7	7	3	0.00	
Name of Employer		Occupation			AC Co	ntribu	ution				
MVP		Administrati	ve								
Receipt For: 2016 Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 240.00]							
Full Name (Last, Fin C. Rosemarie Ho					Date o	f Red	ceipt				
Mailing Address 45	Crestwood Drive				м м 10	/	30		y y 2015	Y	
City Schenectady		State NY	Zip Code 12306					: SA11AI . Receipt th		d	
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Name of Employer		Occupation		P	AC Co	ontrid	ution				
MVP		Administrati	ve								
Receipt For: 2016		Aggregate	Year-to-Date ▼								
Other (specify	General) ▼		270.00]							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	nd Statements may not be sold or used by any g the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) A. Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary General Other (specify) ▼	State NY Zip Code 12306 C Occupation Administrative Aggregate Year-to-Date ▼ 300.00	Date of Receipt Tansaction ID : SA11AI.33392 Amount of Each Receipt this Period ORDER PAC Contribution
Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Mailing Address 45 Crestwood Drive		Date of Receipt
City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 ✓ Primary General Other (specify) ▼	State Zip Code NY 12306 C Occupation Administrative Aggregate Year-to-Date ▼ 330.00	11 27 2015 Transaction ID : SA11AI.33393 Amount of Each Receipt this Period 30.00 PAC Contribution
Full Name (Last, First, Middle Initial) C. Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Yerimary General Other (specify)	State NY Zip Code NY 12306 C Occupation Administrative Aggregate Year-to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	I)	▶ 90.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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	EMIZED RECEIPTS	for each category of the Detailed Summary Page			< 11a		11b	11c		12	
	y information copied from such Reports and								g cont		
	for commercial purposes, other than using th										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC									
Α.	Full Name (Last, First, Middle Initial) Rosemarie Hogan				Date c	of R	eceipt				
	Mailing Address 45 Crestwood Drive				M N 12	1	/ D 2		ү 201		Y
	City Schenectady	State NY	Zip Code 12306	_				: SA11AI			
		INT	12300	_	Amour	nt o	f Each	Receipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					7			30.	00
	Name of Employer	Occupation			PAC Co	ontr	Dution				
	MVP	Administrat	ive								
	Receipt For: 2016	Aggregate	Year-to-Date V								
	Primary General		390.00	11							
	Other (specify)		330.00	1							
в.	Full Name (Last, First, Middle Initial) Kevin Husted				Date c	of R	eceipt				
	Mailing Address 38 Fox Hill Drive	x Hill Drive					/ D 0	D / Y 2	201		Y
City Fairport	City	State	Zip Code		Trans	sac	tion ID	: SA11AI.	33415	5	
	Fairport	NY	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					7			30.	00
	Name of Employer	Occupation			PAC Co	ontri	bution				
	MVP	VP Information	tion Technology								
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate]								
с.	Full Name (Last, First, Middle Initial) Kevin Husted				Date c	of R	eceipt				
	Mailing Address 38 Fox Hill Drive				10	1	/ D	р / Ү 6	y 201	Y 5	Y
	City	State	Zip Code		Tran	sac	tion ID	: SA11AI	.33416	6	
	Fairport	NY	14450	_	Amour	nt o	f Each	Receipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С					7			30.	00
	Name of Employer	Occupation		'	PAC Co	ontr	IDUTION				
	MVP	VP Informa	tion Technology								
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	1							
s	UBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	<u> </u>			7	7		90.0	00

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi				for the	purp	ose of	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	-								
Full Name (Last, First, Middle Initial) A. Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Y Other (specify) ▼		Zip Code 14450 tion Technology Year-to-Date ▼ 270.00			saction nt of E	30 on ID : Each F		nis Perioo	
Full Name (Last, First, Middle Initial) B. Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Y Other (specify) ▼		Zip Code 14450 tion Technology Year-to-Date ▼ 300.00			sactic	13 on ID : Each F		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) C. Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Y Other (specify) ▼	I	Zip Code 14450 tion Technology Year-to-Date ▼ 330.00			saction	27 on ID : Each F		nis Perioo	_
SUBTOTAL of Receipts This Page (option	nal)		•			7		90	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Ar or	y information copied from such Reports a for commercial purposes, other than using	I nd Statements may not be sold or used by any g the name and address of any political commi	13 14 15 16 17 y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC					
<u> </u>	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt				
<i>,</i>	Mailing Address 38 Fox Hill Drive		12 11 _ 2015 _				
	City	State Zip Code	Transaction ID : SA11AI.33420				
	Fairport	NY 14450	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00				
	Name of Employer	Occupation	PAC Contribution				
	MVP	VP Information Technology					
	Receipt For: 2016	Aggregate Year-to-Date ▼					
	Primary General						
	Other (specify)	360.00					
в.	Full Name (Last, First, Middle Initial) Kevin Husted	·	Date of Receipt				
	Mailing Address 38 Fox Hill Drive						
	City	State Zip Code	Transaction ID : SA11AI.33421				
	Fairport	NY 14450	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00				
	Name of Employer	Occupation	PAC Contribution				
	MVP	VP Information Technology					
	Receipt For: 2016	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	, 390.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt				
	Mailing Address 213 Hansen Ave		09 04 _2015 _				
	City	State Zip Code	Transaction ID : SA11AI.33439				
	Albany	NY 12208	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	50.00				
	Name of Employer	Occupation	PAC Contribution				
	MVP Health Care	VP of Legal Affairs					
	Receipt For: 2016	Aggregate Year-to-Date ▼					
	Primary General						
	Other (specify)	250.00					
s	UBTOTAL of Receipts This Page (optiona	l)	110.00				

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 OF 72 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
	Mailing Address 213 Hansen Ave			09 18 2015
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.33440 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP of Lega		PAC Contribution
	Receipt For: 2016 → Primary General Other (specify) →	-	Year-to-Date ▼ 300.00]
В.	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
	Mailing Address 213 Hansen Ave			10 02 2015
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.33441 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP of Legal		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
	Mailing Address 213 Hansen Ave			10 16 2015
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.33442 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		PAC Contribution
	MVP Health Care Receipt For: 2016 Primary General Other (specify)	VP of Lega Aggregate	I Affairs Year-to-Date ▼ 400.00	1
s	UBTOTAL of Receipts This Page (optional)		<u></u>	150.00

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

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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TIEMIZED RECEIPTS	ECEIPIS for each category of the Detailed Summary Page					11b 14	11c	12	1 -7
Any information copied from such Reports or for commercial purposes, other than usi					purpo	ose of	f soliciting	g contribu	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	-								
Full Name (Last, First, Middle Initial) A. Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State NY C Occupation VP of Legal A Aggregate Ye				/ sactio t of E	30 on ID : Each F		nis Period	y 1 0.00
Full Name (Last, First, Middle Initial) B. Dawn Jablonski Mailing Address 213 Hansen Ave		Date o	f Rec	eipt	D / Y	Y Y	Y		
City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 ♀ Primary General Other (specify) ♥	State NY C Occupation VP of Legal A Aggregate Ye				t of E	Each F	SA11AI. Receipt th	nis Period	0.00
Full Name (Last, First, Middle Initial) C. Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify) ▼	State NY C Occupation VP of Legal A Aggregate Ye	Zip Code 12208 ffairs ear-to-Date ▼ 550.00			sactio	27 on ID : Each F		is Period	
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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17			
	ny information copied from such Reports and for commercial purposes, other than using th												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC											
A .	Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016	State NY C Occupation VP of Legal Aggregate				sact	11 ion ID Each I	SA11AI . Receipt th	nis Perio	y d 0.00			
	Primary General Other (specify) ▼		600.00]									
в.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave			Date o	f Re	eceipt 25	D / Y	2015	Y				
	City Albany	State NY	Zip Code 12208					: SA11AI. Receipt th		4			
	FEC ID number of contributing federal political committee.	Occupation		/	0.00								
	MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	VP of Legal Aggregate	Affairs Year-to-Date ▼ 650.00	r-to-Date ▼									
с.	Full Name (Last, First, Middle Initial) Margaret Leonard				Date o	f Re	eceipt						
	Mailing Address 70 Benjamin Lane				07 03 2015								
	City Niskayuna	State NY	Zip Code 12309					: SA11AI Receipt th		d			
	FEC ID number of contributing federal political committee.				7		7	0.00					
	Name of Employer		PAC Co	ontri	oution								
	MVP Health Care Receipt For: 2016 Y Primary Other (specify) ▼	VP Aggregate	Year-to-Date ▼ 210.00]									
5	SUBTOTAL of Receipts This Page (optional)	I					9		17(0.00			

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)	
ITEMIZED REC	EIPTS	5		

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72

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC									
Α.	Mailing Address 70 Benjamin Lane City Niskayuna FEC ID number of contributing federal political committee. Name of Employer	Date of Receipt 07 17 2015 Transaction ID : SA11AI.33501 Amount of Each Receipt this Period 70.00 PAC Contribution									
	MVP Health Care Receipt For: 2016 Primary General Other (specify)	VP Aggregate	Year-to-Date ▼ 280.00								
В.	Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane		Date of Receipt								
	City Niskayuna	State NY	Zip Code 12309	07 31 2015 Transaction ID : SA11AI.33502 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	Occupation		PAC Contribution							
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00								
c.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt							
	Mailing Address 70 Benjamin Lane	08 14 2015 Transaction ID : SA11AI.33503									
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period									
	Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupation VP Aggregate	Year-to-Date ▼ 420.00	PAC Contribution							
s	UBTOTAL of Receipts This Page (optional)			210.00							

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	CHEDULE A (FEC Form 3X) Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: PAGE 46 OF 72 (check only one) X 11a 11b 13 14 15 16										
	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC									
Α.	Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane			Date of Receipt							
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.33504 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		70.00							
	Name of Employer MVP Health Care Receipt For: 2016	Occupation VP		PAC Contribution							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00								
В.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt							
	Mailing Address 70 Benjamin Lane		09 11 2015								
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.33505 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		70.00							
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution							
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00								
с.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt							
	Mailing Address 70 Benjamin Lane			09 25 2015							
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.33506 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		70.00							
	Name of Employer	Occupation		PAC Contribution							
	MVP Health Care Receipt For: 2016	VP Aggregate	Year-to-Date ▼ 630.00								
	UBTOTAL of Receipts This Page (optional)			210.00							

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TOTAL This Period (last page this line number only)			7		7			

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General

CHEDULE A (FEC Form 3	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 OF (check only one) (che
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC		
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address 70 Benjamin Lane			M = M / D = D / Y = Y = Y = Y 10 09 _ 2015 _
City	State	Zip Code	Transaction ID : SA11AI.33507
Niskayuna	NY	12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		70.00
Name of Employer	Occupation		PAC Contribution
MVP Health Care	VP		
Receipt For: 2016	Aggregate	Year-to-Date ▼	

	Other (specify)	700.00	
в.	Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane		Date of Receipt
	City Niskayuna FEC ID number of contributing federal political committee.	State Zip Code NY 12309	Transaction ID : SA11AI.33508 Amount of Each Receipt this Period 70.00
	Name of Employer MVP Health Care Receipt For: 2016	Occupation VP Aggregate Year-to-Date ▼ 770.00	PAC Contribution
C.	Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane		Date of Receipt
	City Niskayuna FEC ID number of contributing federal political committee.	State Zip Code NY 12309	Transaction ID : SA11AI.33509 Amount of Each Receipt this Period 70.00 PAC Contribution
	Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupation VP Aggregate Year-to-Date ▼ 840.00	

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 OF 72 (check only one) (check only one) 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
A.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt				
	Mailing Address 70 Benjamin Lane			11 20 Y Y Y Y Y Y				
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.33510 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		70.00				
	Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 910.00					
	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt				
р.	Mailing Address 70 Benjamin Lane		12 04 Y Y Y Y Y 12 04					
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.33511 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		70.00				
	Name of Employer MVP Health Care	Occupation VP		— PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 980.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt				
	Mailing Address 70 Benjamin Lane			12 18 2015				
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.33512 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		70.00				
	Name of Employer	Occupation	1	PAC Contribution				
	MVP Health Care Receipt For: 2016 Primary General Other (anapify)	VP Aggregate	Year-to-Date ▼ 1050.00	1				
9	UBTOTAL of Receipts This Page (optional)	L		210.00				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP of Network Operations Aggregate Year-to-Date ▼ 220.00 220.00	Date of Receipt 11 27 2015 Transaction ID : SA11AI.33562 Amount of Each Receipt this Period 20.00 PAC Contribution
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City	State Zip Code	Date of Receipt
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: 2016 Primary General Other (specify) ▼	NY 14610 C Occupation VP of Network Operations Aggregate Year-to-Date ▼	Transaction ID : SA11AI.33563 Amount of Each Receipt this Period 20.00 PAC Contribution
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: 2016 Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP of Network Operations Aggregate Year-to-Date ▼ 260.00 260.00	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).....

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	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 OF 72 (check only one)
Any inform or for com	ation copied from such Reports and S mercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	DF COMMITTEE (In Full) Health Care Inc. Federal I	PAC		
A. Augus Mailing	ne (Last, First, Middle Initial) sta Martin Address 457 Crescent Ave	01-1-	7. 0. 1	Date of Receipt
City Saratog	10	State NY	Zip Code 12866	Transaction ID : SA11AI.33571
FEC ID	number of contributing political committee.	С		Amount of Each Receipt this Period
MVP He Receipt V Of	f Employer ealth Care For: 2016 rimary General ther (specify) v	Occupation VP Marketin Aggregate		PAC Contribution
B. Augus	ne (Last, First, Middle Initial) sta Martin Address 457 Crescent Ave			Date of Receipt
City Saratog	а	State NY	Zip Code 12866	Transaction ID : SA11AI.33572 Amount of Each Receipt this Period
federal Name o MVP He Receipt	number of contributing political committee. f Employer alth Care For: 2016 rimary General ther (specify) v	C Occupation VP Marketin Aggregate		PAC Contribution
c. Augu	ne (Last, First, Middle Initial) I sta Martin Address 457 Crescent Ave			Date of Receipt
City Saratog FEC ID		State NY	Zip Code 12866	10 30 2015 Transaction ID : SA11AI.33573 Amount of Each Receipt this Period 30.00
MVP He Receipt	f Employer ealth Care For: 2016 rimary General ther (specify) ▼	Occupation VP Marketi Aggregate		PAC Contribution
SUBTOTA	L of Receipts This Page (optional)			90.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 OF 72 (check only one) (check only one) 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Augusta Martin			Date of Receipt
	Mailing Address 457 Crescent Ave			M = M / D = D / Y = Y = Y = Y Y 11 13 2015
	City Saratoga	State NY	Zip Code 12866	Transaction ID : SA11AI.33574 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care	Occupation VP Marketin		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
в.	Full Name (Last, First, Middle Initial) Augusta Martin			Date of Receipt
	Mailing Address 457 Crescent Ave	04-14-	7. 0.4	11 27 Y Y Y Y 2015
	City Saratoga	State NY	Zip Code 12866	Transaction ID : SA11AI.33575 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care	Occupation VP Marketir		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]
с.	Full Name (Last, First, Middle Initial) Augusta Martin			Date of Receipt
	Mailing Address 457 Crescent Ave			12 11 2015
	City Saratoga	State NY	Zip Code 12866	Transaction ID : SA11AI.33576 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		PAC Contribution
	MVP Health Care Receipt For: 2016 Primary General Other (specify) V	VP Marketi Aggregate	ng Year-to-Date ▼ 360.00	1
s	UBTOTAL of Receipts This Page (optional)			90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 OF 72 (check only one)
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC		
Α.	Full Name (Last, First, Middle Initial) Augusta Martin			Date of Receipt
	Mailing Address 457 Crescent Ave			12 25 _ 2015 _
	City Saratoga	State NY	Zip Code 12866	Transaction ID : SA11AI.33577 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care	Occupation VP Marketin		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 21 Joellen Drive			07 10 2015
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.33591 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive			07 24 2015
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.33592 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution
	Receipt For: 2016 Image: Second Se		Year-to-Date ▼ 750.00]
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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

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72

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		_		11b	11c	12											
Any information copied from such Repor																			
or for commercial purposes, other than a NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fee	-	ddress of any political committe	e to so	olicit co	ntrik	outions	from suc	1 commit	tee.										
Full Name (Last, First, Middle Initial) A. Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee.	aurie Metheny iiling Address 21 Joellen Drive y State Zip Code ochester NY 14626 C ID number of contributing								Date of Receipt M M / D D / Y Y Y Y Y 08 / 07 2015 Transaction ID : SA11AI.33593 Amount of Each Receipt this Period 50.00										
Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupation VP Aggregate	Year-to-Date ▼ 800.00	F	PAC Co	ontril	bution													
Full Name (Last, First, Middle Initial) B. Laurie Metheny Mailing Address 21 Joellen Drive City	State	Zip Code		Date o	1	21		2015 33594	Y										
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 X Primary General	NY C Occupation VP Aggregate	14626 Year-to-Date ▼			t of	Each F	Receipt th	nis Perioo	j 0.00										
C. Cher (specify) ▼ Full Name (Last, First, Middle Initial) C. Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee.	State NY C	2ip Code 14626			sact	04		nis Perioo											
rederal political committee. Name of Employer MVP Health Care Receipt For: 2016 X Primary General Other (specify) ▼	Occupation VP	Year-to-Date ▼ 900.00	F	PAC Co	ontril	bution	<u> </u>												
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FEC Schedule A (Form 3X) Rev. 02/2003

I Т	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 OF 72 (check only one) I1a 11b 11c 12 I3 14 15 16 17
	ny information copied from such Reports and Si for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	name and a		
A.	Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 14626 Year-to-Date ▼ 950.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 14626 Year-to-Date ▼ 1000.00	Date of Receipt 10 2 2015 Transaction ID : SA11AI.33597 Amount of Each Receipt this Period 50.00 PAC Contribution
C.	Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 14626 Year-to-Date ▼ 1050.00	Date of Receipt 10 / 16 / 2015 Transaction ID : SA11AI.33598 Amount of Each Receipt this Period 50.00 PAC Contribution

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Any information conied from such Benorts and Statements ma	w not he

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72

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	C	
MVP Health Care	State Zip Code NY 14626 C Decupation /P Aggregate Year-to-Date ▼ 1100.00	Date of Receipt
MVP Health Care	State Zip Code NY 14626 C Decupation /P Aggregate Year-to-Date ▼ 1150.00	Date of Receipt
MVP Health Care	State Zip Code NY 14626 C Decupation /P Aggregate Year-to-Date ▼ 1200.00	Date of Receipt 11 27 2015 Transaction ID : SA11AI.33601 Amount of Each Receipt this Period 50.00 PAC Contribution
SUBTOTAL of Receipts This Page (optional)		150.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 OF 72 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F			
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive			M = M / D = D / Y = Y = Y 12 11 _ 2015 _
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.33602 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]
в.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 21 Joellen Drive	Olaha	7. 0.1	12 25 2015
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.33603 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00]
с.	Full Name (Last, First, Middle Initial) Carole Montepare			Date of Receipt
	Mailing Address 100 McLain Court			M M / D D / Y Y Y Y 10 09 2015
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.33623 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00 PAC Contribution
	Name of Employer	Occupation		
	MVP Health Care Receipt For: 2016 Year General Other (specify) ▼	VP of Sales	S Year-to-Date ▼ 210.00]
Г				420.00

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SCHEDULE A	(FEC Form 3X)	
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72

ITEMIZED RECEIPTS		X 11a	11b	11c	12	<u> </u>								
Any information copied from such Reports														
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede		fress of any political committee	e to solicit co	ontributions	from such	committ	ee.							
Full Name (Last, First, Middle Initial) A. Carole Montepare Mailing Address 100 McLain Court City	State	Zip Code	10	23		2015	Y							
Villiamstown FEC ID number of contributing	MA	01267			Receipt thi	s Period	00							
federal political committee.	Occupation		PAC Co	ontribution	7	30	.00							
MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	VP of Sales Aggregate Y	ear-to-Date ▼ 240.00]											
B. Full Name (Last, First, Middle Initial) Mailing Address 100 McLain Court			M	of Receipt		у у 2015	Y							
City Williamstown	State MA	Zip Code 01267	11 06 2015 Transaction ID : SA11AI.33625 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer MVP Health Care	Occupation VP of Sales		PAC Co	PAC Contribution										
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 270.00]											
Full Name (Last, First, Middle Initial) C. Carole Montepare			Date o	of Receipt										
Mailing Address 100 McLain Court			M N	/ D		у у 2015	Y							
City Williamstown	State MA	Zip Code 01267			: SA11AI.3 Receipt thi									
FEC ID number of contributing federal political committee.	ů – Li – L													
Name of Employer MVP Health Care	Occupation VP of Sales			ontribution										
Receipt For: 2016 X Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 300.00]											
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 OF 72 (check only one) 11a X 11a 13 14 15 16										
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC												
Α.	Full Name (Last, First, Middle Initial) Carole Montepare			Date of Receipt										
	Mailing Address 100 McLain Court	State	Zip Code	12 04 2015										
	Williamstown	MA	01267	Transaction ID : SA11AI.33627										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer MVP Health Care	Occupation VP of Sales		PAC Contribution										
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]										
B	Full Name (Last, First, Middle Initial)			Date of Receipt										
υ.	Mailing Address 100 McLain Court			12 18 _ 2015 _										
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.33628 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer MVP Health Care	Occupation VP of Sales		— PAC Contribution										
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]										
с.	Full Name (Last, First, Middle Initial) Susan Montgomery			Date of Receipt										
	Mailing Address 84 York Ave	04-44	7. 0.4	10 / Y Y Y Y 23 2015										
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.33637										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer	Occupation	1	PAC Contribution										
	MVP Health Care	VP												
	Receipt For: 2016	Aggregate	Year-to-Date ▼											
	Y Primary General Other (specify) ▼		220.00]										
s	UBTOTAL of Receipts This Page (optional)			80.00										

SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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72

TIEMIZED RECEIPTS		Detailed Summary Page		K 11a		11b 14	11c	12	47
Any information copied from such Reports or for commercial purposes, other than us									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC								
Full Name (Last, First, Middle Initial) A. Susan Montgomery Mailing Address 84 York Ave City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 12866 Year-to-Date ▼ 240.00			sacti nt of	06 on ID Each I		is Period	
Full Name (Last, First, Middle Initial) B. Susan Montgomery Mailing Address 84 York Ave City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Other (specify)	State NY C Occupation VP Aggregate	Zip Code 12866 Year-to-Date ▼ 260.00	, ,		saction nt of	20 on ID : Each I		is Period	.00
Full Name (Last, First, Middle Initial) C. Susan Montgomery Mailing Address 84 York Ave City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify)	State NY C Occupation VP Aggregate	Zip Code 12866 Year-to-Date ▼ 280.00			sacti nt of	04 ion ID Each I		iis Period	0.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 OF 72 (check only one) I1a 11b 11c 12 13 14 15 16 17											
	iy information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions											
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P														
Α.				Date of Receipt											
	Mailing Address 84 York Ave		7. 0. 1	12 18 2015											
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.33641 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		20.00											
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution											
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00												
в.	Full Name (Last, First, Middle Initial) James Poole			Date of Receipt											
	Mailing Address 96 Spar Road			09 04 2015											
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33676 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		20.00											
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution											
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00												
С.	Full Name (Last, First, Middle Initial)			Date of Receipt											
	Mailing Address 96 Spar Road			09 18 2015											
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33677 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		20.00											
	Name of Employer	Occupation		PAC Contribution											
	MVP Health Care	VP													
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 OF 72 (check only one) X 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC												
Α.	Full Name (Last, First, Middle Initial) James Poole			Date of Receipt										
	Mailing Address 96 Spar Road			10 02 2015										
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33678 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution										
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]										
	Full Name (Last, First, Middle Initial) James Poole			Date of Receipt										
ь.	Mailing Address 96 Spar Road			Date of Receipt										
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33679 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution										
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]										
<u>с</u> .	Full Name (Last, First, Middle Initial) James Poole			Date of Receipt										
	Mailing Address 96 Spar Road			10 / Y Y Y Y Y 2015										
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33680 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer	Occupation	1	PAC Contribution										
	MVP Health Care Receipt For: 2016 Y Primary Other (specify) ▼	VP Aggregate	Year-to-Date ▼ 300.00	1										
s	UBTOTAL of Receipts This Page (optional)			60.00										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 OF 72 (check only one)									
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	y not be sold or used by any political committee	erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	C											
Α.	Full Name (Last, First, Middle Initial) James Poole			Date of Receipt									
	Mailing Address 96 Spar Road			11 13 2015									
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33681 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.00									
		Occupation /P											
	Receipt For: 2016 X Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00										
В.	Full Name (Last, First, Middle Initial)			Date of Receipt									
5.	Mailing Address 96 Spar Road			11 27 2015									
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33682 Amount of Each Receipt this Period									
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	MV/D LL I/I- O	Occupation P		PAC Contribution									
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 340.00										
<u></u> с.	Full Name (Last, First, Middle Initial) James Poole			Date of Receipt									
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	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.33683 Amount of Each Receipt this Period									
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SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

FOR LINE NUMBER:

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PAGE 63 OF

72

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	Г	_
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в.	Full Name (Last, First, Middle Initial) Daniel Sauer				Date o	of R	eceipt				
	Mailing Address 160 Fifth Avenue				^M 07	1	/ 1(2015	Y	
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в.	Full Name (Last, First, Middle Initial) Daniel Sauer			Date	of Re	eceipt				
	Mailing Address 160 Fifth Avenue			1	™ /)	02	/ Y	2015	Ý]
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	Primary General	Aggregate	Year-to-Date ▼							
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c.	Full Name (Last, First, Middle Initial) Daniel Sauer			Date	of Re	eceipt				
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	MVP Health Care	VP								
	Receipt For: 2016	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	33 3	630.00]						

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		he name and		person for the purpose of soliciting contributions be to solicit contributions from such committee.
Α.				Date of Receipt
	Mailing Address 160 Fifth Avenue City Saratoga Springs	State NY	Zip Code 12866	10 30 2015 Transaction ID : SA11AI.33754 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00 PAC Contribution
	Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	Occupatio VP Aggregate	n e Year-to-Date ▼ 660.00	
В.	Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue			Date of Receipt
	City Saratoga Springs FEC ID number of contributing federal political committee.	State NY	Zip Code 12866	Transaction ID : SA11AI.33755 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupatio VP Aggregate	n e Year-to-Date ▼ 690.00	PAC Contribution
C.	Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue			Date of Receipt
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.33756 Amount of Each Receipt this Period
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 OF 72 (check only one) (check only one) </th
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC		
Α.				Date of Receipt
	Mailing Address 160 Fifth Avenue	Otata	Zin Oada	12 11 2015
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.33757 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼		Year-to-Date ▼ 750.00	
в.	Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
	Mailing Address 160 Fifth Avenue	State	Zip Code	12 25 2015
	Saratoga Springs	NY	12866	Transaction ID : SA11AI.33758 Amount of Each Receipt this Period
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	Name of Employer MVP Health Care	Occupation VP		PAC Contribution
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	Name of Employer	Occupation		
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Α.	Full Name (Last, First, Middle Initial) BOEHNER FOR SPEAKER						Date	of Di	sburs	emei	nt			
	Mailing Address 320 FIRST ST., SE						M 07			D 28	/ Y	201		Y
	City WASHINGTON	State DC	Zip Code 20003				Trar	nsact	ion IE) : SI	B23.33	8962		
	Purpose of Disbursement	50	20003			_								
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	State: OH District: 08		., .											
в.	Full Name (Last, First, Middle Initial) COLLINS FOR CONGRESS						Date	of Di	sburs	emei	nt			
	Mailing Address PO BOX 386						м 12			D 14	/ Y	201		Y
	CLARENCE	State NY	Zip Code 14031				Trai	nsact	ion II) : S	B23.33	3985		
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C.	ELISE FOR CONGRESS						Date							
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	City GLENS FALLS	State NY	Zip Code 12801				Trai	nsact	ion II) : S	B23.33	3958		
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\backslash	NAME OF COMMITTEE (In Full)											
$\langle \rangle$	MVP Health Care Inc. Federal PAC	C										
	Full Name (Last, First, Middle Initial)											
Α.	ELISE FOR CONGRESS						Date o	f Dis	burse	ment		
	Mailing Address PO BOX 338						10	/	28		2015	
	City	State	Zip Code									
	WILLSBORO	NY	12996				Trans	saction	on ID	: SB23.3	3978	
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	ELISE M. STEFANIK				ype				7	7	I.	00.00
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	Full Name (Last, First, Middle Initial)											
В.	KATKO FOR CONGRESS						Date o	f Dis	burse	ment		
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	Mailing Address 228 S WASHINGTON ST						08		1	7	2015	
	STE 115 City	State	Zip Code									
	ALEXANDRIA	VA	22314				Trans	sacti	on ID	: SB23.3	3966	
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	Mailing Address 5407 ANVIL DRIVE						10		28	3	2015	
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/	P Health Care Inc. Federal PAC	2													
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	ng Address 911 CENTRAL AVENUE PO BOX 221							10	Í		28			015	
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	Name (Last, First, Middle Initial) CHARD HANNA FOR CONGRE	SS CON	MITTEE				_	ate of	Dis			_	V	/ Y	Y
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~ .	TOM REED FOR CONGRESS								_		301		V	Y Y	V
	Mailing Address PO BOX 10847							08	ĺ	Ĺ	17			2015	
	5	State	Zip Code					Trans	acti	ion I	D :	SB23	3397	4	
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	State: NY District: 23	· ·	<i></i>												
_	Full Name (Last, First, Middle Initial)														
В.	TOM REED FOR CONGRESS							Date of	_						
	Mailing Address PO BOX 10847							м м 10	/	D	28			2015	Y
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SCHEDULE D (FEC Form 3X)		(1)	PAGE 72 OF 72
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)			X 10
MVP Health Care Inc. Federal PA	С		
A. Full Name (Last, First, Middle Initial) of De	ebtor or Creditor		ebt (Purpose):
Deluxe Business Checks		Check Prin	ling
Mailing Address P.O. Box 742572			
City State	Zip Code		
Cincinnati	OH 45274		
Outstanding Balance Beginning This Period		Transactio	on ID : SD10.4163
145.00			
Amount Incurred This Period	Payment This Period	Outstandir	g Balance at Close of This Period
0.00	0	0.00	145.00
	, , , , ,		, , , ,
B. Full Name (Last, First, Middle Initial) of De	btor or Creditor		ebt (Purpose):
Media Well Done		Advertising	
Mailing Address 96 Jay Street			
City State	Zip Code		
Schenectady	NY 12305		
Outstanding Balance Beginning This Period		Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period		Transact	ion ID : SD10.4165
338.00	Doumont This Devied		
338.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
338.00			
338.00 Amount Incurred This Period	0	Outstandir	ng Balance at Close of This Period
338.00 Amount Incurred This Period 0.00	0	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	0	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00	0	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De	0	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address	ebtor or Creditor	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City	ebtor or Creditor	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Data Mailing Address City Outstanding Balance Beginning This Period	ebtor or Creditor State Zip Code	Outstandir	ag Balance at Close of This Period 338.00 ebt (Purpose):
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of De Mailing Address City	ebtor or Creditor	Outstandir	ng Balance at Close of This Period 338.00
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Data Mailing Address City Outstanding Balance Beginning This Period	ebtor or Creditor State Zip Code	Outstandir	ag Balance at Close of This Period 338.00 ebt (Purpose):
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Data Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	State Zip Code Payment This Period	Outstandir	ag Balance at Close of This Period 338.00 ebt (Purpose):
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Data Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	ebtor or Creditor State Zip Code Payment This Period I)	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Data Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	ebtor or Creditor State Zip Code Payment This Period I)	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):
338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Data Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	ebtor or Creditor State Zip Code Payment This Period I) iber only)	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):