



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="74818.34"/> | <input type="text" value="74818.34"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="54182.34"/> |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="3589.00"/>  | <input type="text" value="22973.00"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="57771.34"/> | <input type="text" value="97791.34"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="3500.00"/>  | <input type="text" value="43520.00"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="54271.34"/> | <input type="text" value="54271.34"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="483.00"/>   |                                       |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

| <b>I. Receipts</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees   |                                       |   |
| (i) Itemized (use Schedule A).....  | 2710.00                               | 11620.00                                  |
| (ii) Unitemized .....   | 879.00                                | 11353.00                                  |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 3589.00                               | 22973.00                                  |
| (b) Political Party Committees .....  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs).....  | 0.00                                  | 0.00                                      |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 3589.00                               | 22973.00                                  |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 13. All Loans Received .....  | 0.00                                  | 0.00                                      |
| 14. Loan Repayments Received.....   | 0.00                                  | 0.00                                      |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                                  | 0.00                                      |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                                  | 0.00                                      |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                                  | 0.00                                      |
| 18. Transfers from Non-Federal and Levin Funds  |                                       |   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                                  | 0.00                                      |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                                  | 0.00                                      |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                                  | 0.00                                      |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 3589.00                               | 22973.00                                  |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 3589.00                               | 22973.00                                  |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 3500.00                       | 43500.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 20.00                             |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 20.00                             |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 3500.00                       | 43520.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3500.00                       | 43520.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 3589.00                       | 22973.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 20.00                             |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 3589.00                       | 22953.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 40  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Pittsford | State<br>NY | Zip Code<br>14534 |
|-------------------|-------------|-------------------|

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29087**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Pittsford | State<br>NY | Zip Code<br>14534 |
|-------------------|-------------|-------------------|

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29088**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Pittsford | State<br>NY | Zip Code<br>14534 |
|-------------------|-------------|-------------------|

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29089**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 40                |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Karla Austen</b>   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014 |
| Mailing Address 25 Carriage House La.   |                                       | <b>Transaction ID : SA11AI.29090</b>                     |
| City<br>Saratoga Spgs.  | State<br>NY                           | Zip Code<br>12866  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>60.00              |
| Name of Employer<br>MVP Health Care   | Occupation<br>EVP, Network Management |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00   |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Karla Austen</b>   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2014 |
| Mailing Address 25 Carriage House La.   |                                       | <b>Transaction ID : SA11AI.29091</b>                     |
| City<br>Saratoga Spgs.  | State<br>NY                           | Zip Code<br>12866  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>60.00              |
| Name of Employer<br>MVP Health Care   | Occupation<br>EVP, Network Management |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1260.00   |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Karla Austen</b>   |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014 |
| Mailing Address 25 Carriage House La.   |                                       | <b>Transaction ID : SA11AI.29092</b>                     |
| City<br>Saratoga Spgs.  | State<br>NY                           | Zip Code<br>12866  |
| FEC ID number of contributing federal political committee.<br>C   |                                       | Amount of Each Receipt this Period<br>60.00              |
| Name of Employer<br>MVP Health Care   | Occupation<br>EVP, Network Management |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1320.00   |  |

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

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 OF 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

**A. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1380.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29093**  
Amount of Each Receipt this Period  
60.00

**B. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 03 / 2014  
**Transaction ID : SA11AI.29102**  
Amount of Each Receipt this Period  
30.00

**C. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29103**  
Amount of Each Receipt this Period  
30.00

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



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 40                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29104**  
Amount of Each Receipt this Period  
30.00

**B. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29105**  
Amount of Each Receipt this Period  
30.00

**C. Justin Carangelo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2022 Fairlawn Pkwy  
City Niskayuna State NY Zip Code 12309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Sr. Associate Counsel  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29107**  
Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 10 OF 40                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

**A. Justin Carangelo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2022 Fairlawn Pkwy  
City Niskayuna State NY Zip Code 12309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Sr. Associate Counsel  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29108**  
Amount of Each Receipt this Period  
10.00

**B. Justin Carangelo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2022 Fairlawn Pkwy  
City Niskayuna State NY Zip Code 12309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Sr. Associate Counsel  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29109**  
Amount of Each Receipt this Period  
10.00

**C. Wendy Colin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 985 Victor Road  
City Macedon State NY Zip Code 14502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Director of Pharmacy  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29119**  
Amount of Each Receipt this Period  
10.00

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 11 OF 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A. Wendy Colin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 985 Victor Road

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Macedon | State<br>NY | Zip Code<br>14502 |
|-----------------|-------------|-------------------|

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

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Director of Pharmacy |
|-------------------------------------|------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29120**

Amount of Each Receipt this Period  

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 60.00 | 60.00 | 60.00 | 60.00 | 60.00 |
| 10.00 |       |       |       |       |

**B. Wendy Colin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 985 Victor Road

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Macedon | State<br>NY | Zip Code<br>14502 |
|-----------------|-------------|-------------------|

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

|                                     |                                    |
|-------------------------------------|------------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Director of Pharmacy |
|-------------------------------------|------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29121**

Amount of Each Receipt this Period  

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 60.00 | 60.00 | 60.00 | 60.00 | 60.00 |
| 10.00 |       |       |       |       |

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

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 03    | / | 2014        |

**Transaction ID : SA11AI.29122**

Amount of Each Receipt this Period  

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| 60.00 | 60.00 | 60.00 | 60.00 | 60.00 |
| 40.00 |       |       |       |       |

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

|   |   |                   |
|---|---|-------------------|
| City<br>Liverpool   | State<br>NY                             | Zip Code<br>13090 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP   | Occupation<br>Regional Network Director |                   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00      |                   |

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29123**

Amount of Each Receipt this Period  
40.00

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

|   |   |                   |
|---|---|-------------------|
| City<br>Liverpool   | State<br>NY                             | Zip Code<br>13090 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP   | Occupation<br>Regional Network Director |                   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>880.00      |                   |

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29124**

Amount of Each Receipt this Period  
40.00

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

|   |   |                   |
|---|---|-------------------|
| City<br>Liverpool   | State<br>NY                             | Zip Code<br>13090 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP   | Occupation<br>Regional Network Director |                   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>920.00      |                   |

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29125**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 13 OF 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)  
**A. Michael Gauci**

Mailing Address 329 Mohawk Ave  
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 17 / 2014  
**Transaction ID : SA11AI.29143**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Michael Gauci**

Mailing Address 329 Mohawk Ave  
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 31 / 2014  
**Transaction ID : SA11AI.29144**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 329 Mohawk Ave  
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
11 / 14 / 2014  
**Transaction ID : SA11AI.29145**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 03    | / | 2014        |

**Transaction ID : SA11AI.29150**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

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

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1680.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29151**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

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

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1760.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29152**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 240.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/>                | <input type="checkbox"/> 17  |

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

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

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1840.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29153**

Amount of Each Receipt this Period  
80.00

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

Mailing Address 803 Via Marchella

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>EVP & Chief Legal Officer |
|---|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 03    | / | 2014        |

**Transaction ID : SA11AI.29154**

Amount of Each Receipt this Period  
80.00

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

Mailing Address 803 Via Marchella

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>EVP & Chief Legal Officer |
|---|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1680.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29155**

Amount of Each Receipt this Period  
80.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 240.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|   |   |                   |
|---|---|-------------------|
| City<br>Schenectady   | State<br>NY                             | Zip Code<br>12303 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP Health Care, Inc.   | Occupation<br>EVP & Chief Legal Officer |                   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1760.00     |                   |

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29156**

Amount of Each Receipt this Period  
80.00

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

|   |   |                   |
|---|---|-------------------|
| City<br>Schenectady   | State<br>NY                             | Zip Code<br>12303 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP Health Care, Inc.   | Occupation<br>EVP & Chief Legal Officer |                   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1840.00     |                   |

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29157**

Amount of Each Receipt this Period  
80.00

**C. Daniel Harding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 Reserve Court

|   |                                    |                   |
|---|------------------------------------|-------------------|
| City<br>Glenville   | State<br>NY                        | Zip Code<br>12302 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |
| Name of Employer<br>MVP Health Care   | Occupation<br>Compensation Manager |                   |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |                   |

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29159**

Amount of Each Receipt this Period  
10.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 170.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Daniel Harding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 Reserve Court  
City Glenville State NY Zip Code 12302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Compensation Manager  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29160**  
Amount of Each Receipt this Period  
10.00

**B. Daniel Harding**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 Reserve Court  
City Glenville State NY Zip Code 12302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Compensation Manager  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29161**  
Amount of Each Receipt this Period  
10.00

**C. Rosemarie Hogan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Crestwood Drive  
City Schenectady State NY Zip Code 12306  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Administrative  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 03 / 2014  
**Transaction ID : SA11AI.29170**  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 18 OF 40                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

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

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Administrative |
|-------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29171**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Administrative |
|-------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29172**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Administrative |
|-------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29173**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 19 OF 40   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |             |   |  |  |  |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kevin Husted</b>   |             |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014<br><b>Transaction ID : SA11AI.29178</b> |  |  |
| Mailing Address 38 Fox Hill Drive   |             |   | Amount of Each Receipt this Period<br>30.00  |  |  |
| City<br>Fairport  | State<br>NY | Zip Code<br>14450                       |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |   |  |  |  |
| Name of Employer<br>MVP   |             | Occupation<br>VP Information Technology |  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>600.00      |  |  |  |

|   |             |   |  |  |  |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kevin Husted</b>   |             |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2014<br><b>Transaction ID : SA11AI.29179</b> |  |  |
| Mailing Address 38 Fox Hill Drive   |             |   | Amount of Each Receipt this Period<br>30.00  |  |  |
| City<br>Fairport  | State<br>NY | Zip Code<br>14450                       |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |   |  |  |  |
| Name of Employer<br>MVP   |             | Occupation<br>VP Information Technology |  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>630.00      |  |  |  |

|   |             |   |  |  |  |
|---|-------------|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Kevin Husted</b>   |             |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014<br><b>Transaction ID : SA11AI.29180</b> |  |  |
| Mailing Address 38 Fox Hill Drive   |             |   | Amount of Each Receipt this Period<br>30.00  |  |  |
| City<br>Fairport  | State<br>NY | Zip Code<br>14450                       |  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |   |  |  |  |
| Name of Employer<br>MVP   |             | Occupation<br>VP Information Technology |  |  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Aggregate Year-to-Date ▼<br>660.00      |  |  |  |

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 20 OF 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Kevin Husted</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014<br><b>Transaction ID : SA11AI.29181</b> |
| Mailing Address 38 Fox Hill Drive   |   | Amount of Each Receipt this Period<br>30.00  |
| City<br>Fairport  | State<br>NY                             | Zip Code<br>14450  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>MVP   | Occupation<br>VP Information Technology |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>690.00      |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dawn Jablonski</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014<br><b>Transaction ID : SA11AI.29186</b> |
| Mailing Address 213 Hansen Ave  |                                    | Amount of Each Receipt this Period<br>30.00  |
| City<br>Albany  | State<br>NY                        | Zip Code<br>12208  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>MVP Health Care   | Occupation<br>VP of Legal Affairs  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Dawn Jablonski</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2014<br><b>Transaction ID : SA11AI.29187</b> |
| Mailing Address 213 Hansen Ave  |                                    | Amount of Each Receipt this Period<br>30.00  |
| City<br>Albany  | State<br>NY                        | Zip Code<br>12208  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>MVP Health Care   | Occupation<br>VP of Legal Affairs  |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00 |  |

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

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 21 OF 40   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Dawn Jablonski</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014<br><b>Transaction ID : SA11AI.29188</b> |
| Mailing Address 213 Hansen Ave                                      |   | Amount of Each Receipt this Period<br>30.00  |
| City Albany State NY Zip Code 12208                                 | FEC ID number of contributing federal political committee. <b>C</b>   |  |
| Name of Employer MVP Health Care Occupation VP of Legal Affairs     | Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>660.00   |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Dawn Jablonski</b> |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014<br><b>Transaction ID : SA11AI.29189</b> |
| Mailing Address 213 Hansen Ave                                      |   | Amount of Each Receipt this Period<br>30.00  |
| City Albany State NY Zip Code 12208                                 | FEC ID number of contributing federal political committee. <b>C</b>   |  |
| Name of Employer MVP Health Care Occupation VP of Legal Affairs     | Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>690.00   |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Linda Johnson</b>       |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 17 / 2014<br><b>Transaction ID : SA11AI.29191</b> |
| Mailing Address 2707 Clover St.  |   | Amount of Each Receipt this Period<br>10.00  |
| City Pittsford State NY Zip Code 14534                                   | FEC ID number of contributing federal political committee. <b>C</b>   |  |
| Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops | Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

**A. Linda Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2707 Clover St.  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
10 / 31 / 2014  
**Transaction ID : SA11AI.29192**  
Amount of Each Receipt this Period  
10.00

**B. Mr. Matthew J. Mackinnon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1330 Park Avenue  
City Rochester State NY Zip Code 14610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Service Corp. Occupation VP of Network Operations  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
10 / 03 / 2014  
**Transaction ID : SA11AI.29217**  
Amount of Each Receipt this Period  
20.00

**C. Mr. Matthew J. Mackinnon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1330 Park Avenue  
City Rochester State NY Zip Code 14610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Service Corp. Occupation VP of Network Operations  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
10 / 17 / 2014  
**Transaction ID : SA11AI.29218**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11AI.29219**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014  
**Transaction ID : SA11AI.29220**  
 Amount of Each Receipt this Period  
 20.00

**C. Augusta Martin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 457 Crescent Ave  
 City Saratoga State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP Marketing  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.29221**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Saratoga | State<br>NY | Zip Code<br>12866 |
|------------------|-------------|-------------------|

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

|                                     |                            |
|-------------------------------------|----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP Marketing |
|-------------------------------------|----------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29222**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Saratoga | State<br>NY | Zip Code<br>12866 |
|------------------|-------------|-------------------|

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

|                                     |                            |
|-------------------------------------|----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP Marketing |
|-------------------------------------|----------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29223**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Saratoga | State<br>NY | Zip Code<br>12866 |
|------------------|-------------|-------------------|

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

|                                     |                            |
|-------------------------------------|----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP Marketing |
|-------------------------------------|----------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29224**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 25 OF 40   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

**A. Laurie Metheny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 03 / 2014  
**Transaction ID : SA11AI.29229**  
 Amount of Each Receipt this Period  
 50.00

**B. Laurie Metheny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014  
**Transaction ID : SA11AI.29230**  
 Amount of Each Receipt this Period  
 50.00

**C. Laurie Metheny**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : SA11AI.29231**  
 Amount of Each Receipt this Period  
 50.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2014

Transaction ID : SA11AI.29232

Amount of Each Receipt this Period  
50.00

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

Mailing Address 84 York Ave.

City Saratoga Spgs. State NY Zip Code 12866

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : SA11AI.29234

Amount of Each Receipt this Period  
10.00

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

Mailing Address 84 York Ave.

City Saratoga Spgs. State NY Zip Code 12866

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014

Transaction ID : SA11AI.29235

Amount of Each Receipt this Period  
10.00

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 84 York Ave.

City State Zip Code  
Saratoga Spgs. NY 12866

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29236**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer Occupation  
MVP Director of Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 03 / 2014  
**Transaction ID : SA11AI.29253**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer Occupation  
MVP Director of Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29254**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 28 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 71 East Claremond Drive

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Voorheesville | State<br>NY | Zip Code<br>12186 |
|-----------------------|-------------|-------------------|

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

|                         |                                   |
|-------------------------|-----------------------------------|
| Name of Employer<br>MVP | Occupation<br>Director of Finance |
|-------------------------|-----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29255**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

Mailing Address 71 East Claremond Drive

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Voorheesville | State<br>NY | Zip Code<br>12186 |
|-----------------------|-------------|-------------------|

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

|                         |                                   |
|-------------------------|-----------------------------------|
| Name of Employer<br>MVP | Occupation<br>Director of Finance |
|-------------------------|-----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29256**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

Mailing Address 1 Summit Ct., Ste 200

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fishkill | State<br>NY | Zip Code<br>12524 |
|------------------|-------------|-------------------|

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

|                                     |   |
|-------------------------------------|---|
| Name of Employer<br>MVP Health Care | Occupation<br>Dir. Of Sales-East Region |
|-------------------------------------|---|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29258**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Everett Patterson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Summit Ct., Ste 200  
City Fishkill State NY Zip Code 12524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29259**  
Amount of Each Receipt this Period  
10.00

**B. Everett Patterson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Summit Ct., Ste 200  
City Fishkill State NY Zip Code 12524  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Dir. Of Sales-East Region  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29260**  
Amount of Each Receipt this Period  
10.00

**C. Christopher Reiss**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Rockwood Drive  
City Newburgh State NY Zip Code 12550  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Account Manager  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29269**  
Amount of Each Receipt this Period  
10.00

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 30 OF 40 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Christopher Reiss</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 31 / 2014<br><b>Transaction ID : SA11AI.29270</b> |
| Mailing Address 5 Rockwood Drive  |                                    | Amount of Each Receipt this Period<br>10.00  |
| City<br>Newburgh  | State<br>NY                        | Zip Code<br>12550  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>MVP Health Care   | Occupation<br>Account Manager      |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Christopher Reiss</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>11 / 14 / 2014<br><b>Transaction ID : SA11AI.29271</b> |
| Mailing Address 5 Rockwood Drive  |                                    | Amount of Each Receipt this Period<br>10.00  |
| City<br>Newburgh  | State<br>NY                        | Zip Code<br>12550  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>MVP Health Care   | Occupation<br>Account Manager      |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.00 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Daniel Sauer</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>10 / 03 / 2014<br><b>Transaction ID : SA11AI.29292</b> |
| Mailing Address 160 Fifth Avenue  |                                    | Amount of Each Receipt this Period<br>30.00  |
| City<br>Saratoga Springs  | State<br>NY                        | Zip Code<br>12866  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |
| Name of Employer<br>MVP Health Care   | Occupation<br>VP                   |  |
| Receipt For: 2014<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00 |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 50.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Daniel Sauer**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Fifth Avenue

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Saratoga Springs | State<br>NY | Zip Code<br>12866 |
|--------------------------|-------------|-------------------|

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

|                                     |                  |
|-------------------------------------|------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP |
|-------------------------------------|------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29293**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 160 Fifth Avenue

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Saratoga Springs | State<br>NY | Zip Code<br>12866 |
|--------------------------|-------------|-------------------|

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

|                                     |                  |
|-------------------------------------|------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP |
|-------------------------------------|------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29294**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 160 Fifth Avenue

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Saratoga Springs | State<br>NY | Zip Code<br>12866 |
|--------------------------|-------------|-------------------|

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

|                                     |                  |
|-------------------------------------|------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP |
|-------------------------------------|------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29295**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 32 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. David Stitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 684 Macelroy Road

City State Zip Code  
Ballston Spa NY 12019

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

Name of Employer Occupation  
MVP Pharmacy Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : SA11AI.29317**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 684 Macelroy Road

City State Zip Code  
Ballston Spa NY 12019

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

Name of Employer Occupation  
MVP Pharmacy Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SA11AI.29318**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 684 Macelroy Road

City State Zip Code  
Ballston Spa NY 12019

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

Name of Employer Occupation  
MVP Pharmacy Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014

**Transaction ID : SA11AI.29319**

Amount of Each Receipt this Period  
10.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |



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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 33 OF 40               |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)  
**A. Tracy Tadar-Ott**

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                                     |                  |
|-------------------------------------|------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP |
|-------------------------------------|------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 03    | / | 2014        |

**Transaction ID : SA11AI.29320**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Tracy Tadar-Ott**

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                                     |                  |
|-------------------------------------|------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP |
|-------------------------------------|------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29321**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Tracy Tadar-Ott**

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                                     |                  |
|-------------------------------------|------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP |
|-------------------------------------|------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29322**

Amount of Each Receipt this Period  
50.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 35 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

Full Name (Last, First, Middle Initial)  
**A. Emily Titworth**

Mailing Address 1394 Dean Street

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Niskayuna | State<br>NY | Zip Code<br>12309 |
|-------------------|-------------|-------------------|

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

|                                     |                                 |
|-------------------------------------|---------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Associate Counsel |
|-------------------------------------|---------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  | / | 14  | / | 2014    |

**Transaction ID : SA11AI.29327**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

Full Name (Last, First, Middle Initial)  
**B. Rico Viscusi**

Mailing Address 234 Autumn Run

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Dir. Internal Audit |
|-------------------------------------|-----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 17  | / | 2014    |

**Transaction ID : SA11AI.29337**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

Mailing Address 234 Autumn Run

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Dir. Internal Audit |
|-------------------------------------|-----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 31  | / | 2014    |

**Transaction ID : SA11AI.29338**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A. Rico Viscusi**  
Full Name (Last, First, Middle Initial)

Mailing Address 234 Autumn Run

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Dir. Internal Audit |
|-------------------------------------|-----------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 14    | / | 2014        |

**Transaction ID : SA11AI.29339**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

**B. Matthew Walkuski**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Scotia | State<br>NY | Zip Code<br>12302 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Sales Manager- East Region |
|---|--|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 17    | / | 2014        |

**Transaction ID : SA11AI.29341**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

Mailing Address 11 Lillian Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Scotia | State<br>NY | Zip Code<br>12302 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Sales Manager- East Region |
|---|--|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 10    | / | 31    | / | 2014        |

**Transaction ID : SA11AI.29342**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>30.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Matthew Walkuski**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City State Zip Code  
Scotia NY 12302

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

Name of Employer Occupation  
MVP Health Care, Inc. Sales Manager- East Region

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 14 / 2014  
**Transaction ID : SA11AI.29343**

Amount of Each Receipt this Period  
10.00

**B. Joseph Wild**  
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Mill Road

City State Zip Code  
West Falls NY 14170

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

Name of Employer Occupation  
MVP Health Care Sales Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014  
**Transaction ID : SA11AI.29345**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 2040 Mill Road

City State Zip Code  
West Falls NY 14170

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

Name of Employer Occupation  
MVP Health Care Sales Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : SA11AI.29346**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 40                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

**A. Joseph Wild**  
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Mill Road

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>West Falls | State<br>NY | Zip Code<br>14170 |
|--------------------|-------------|-------------------|

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

|                                     |                              |
|-------------------------------------|------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Sales Director |
|-------------------------------------|------------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  | / | 14  | / | 2014    |

**Transaction ID : SA11AI.29347**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

**B. Jane Wisner**  
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Leicester | State<br>NY | Zip Code<br>14481 |
|-------------------|-------------|-------------------|

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

|                                     |                        |
|-------------------------------------|------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Director |
|-------------------------------------|------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 17  | / | 2014    |

**Transaction ID : SA11AI.29349**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

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

Mailing Address 2819 Cuylerville Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Leicester | State<br>NY | Zip Code<br>14481 |
|-------------------|-------------|-------------------|

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

|                                     |                        |
|-------------------------------------|------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Director |
|-------------------------------------|------------------------|

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 31  | / | 2014    |

**Transaction ID : SA11AI.29350**

Amount of Each Receipt this Period  

|       |
|-------|
| 10.00 |
|-------|

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 2710.00 |

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**CHRISTOPHER C COLLINS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NY District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SB23.29368

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. PAUL TONKO FOR CONGRESS**

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement  
Political Contribution

011

Candidate Name  
**PAUL DAVID TONKO**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: NY District: 20

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : SB23.29372

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3500.00

3500.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 40 OF 40   |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

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

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="145.00"/> | <b>Transaction ID : SD10.4163</b>                        |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="145.00"/> |

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

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="338.00"/> | <b>Transaction ID : SD10.4165</b>                        |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="338.00"/> |

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

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input type="text"/> |   |   |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |

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