Image# 14953210661 PAGE 1 / 40

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

				(Office Use Only
1. NAME OF COMMITTEE (in full)	E OR PRINT ▼	Example: If typo over the lines.	ng, type	12FE4M5	
MVP Health Care Inc. Fed	deral PAC				
ADDRESS (number and street)	25 State Street				
Check if different					
than previously reported. (ACC)	Schenectady			NY L	12305
2. FEC IDENTIFICATION NUMBER	ER ▼ CI	TY▲	S	STATE A	ZIP CODE ▲
C C00431429			NEW (N) OR	AMEI (A)	NDED
4. TYPE OF REPORT (Choose One)	Report Due On:	o 20 (M2)	May 20 (M5)	Aug 20	Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3)	Jun 20 (M6)	Sep 20	Dec 20 (M12) (Non-Election Year Only)
April 15	Apı	r 20 (M4)	Jul 20 (M7)	Oct 20	(M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day	Primary (12	P)	General (12	PG) Runoff (12R)
Quarterly Report (Q2)	PRE-Election Report for the:	Convention	(12C)	Special (12	S)
October 15 Quarterly Report (Q3)		M M /	D D /	Y	in the
January 31 Year-End Report (YE)	Electi	on on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	X General (30	G)	Runoff (30F	R) Special (30S)
Termination Report (TER)	Report for the:	M = M /	D D /	Y Y Y Y	in the
(Electi	on on 11	04	2014	State of NY
5. Covering Period 10	01 / 2014	through	11	/ D D / 24	2014
I certify that I have examined this Re	eport and to the best o	f my knowledge and	belief it is true	e, correct and c	complete.
Type or Print Name of Treasurer	ordan T Estey				
Signature of Treasurer Jordan T.E.	Estey	[Electronical	ly Filed] Da	ate 12	15 2014
NOTE: Submission of false, erroneous,	, or incomplete information	on may subject the pe	son signing thi	s Report to the	penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

FEC Form 3X (Rev. 02/2003)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		gc _
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From:	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	11 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		74818.34
(b) Cash on Hand at Beginning of Reporting Period	54182.34	
(c) Total Receipts (from Line 19)	3589.00	22973.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57771.34	97791.34
7. Total Disbursements (from Line 31)	3500.00	43520.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54271.34	54271.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multican	ndidate committee. (see FEC FORM 1M)	
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ν	Л١	/P	Health	Care	Inc	Federal	PAC
11	V١	<i>,</i> ,	i icaiui	Care	III IU.	ı cucıaı	$I \wedge C$

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	0740.00	11620.00
(i) Itemized (use Schedule A)	2710.00	11020.00
(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	0.0
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	0500.00	22973.00
Totals to Line 33, page 5)	3589.00	22973.00
Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (iioiii delicuule iio)		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	3589.00	22973.00
. Total Federal Receipts	2522.00	
(subtract Line 18(c) from Line 19)▶	3589.00	22973.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
	(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	, , ,	3.55		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
	Transfers to Affiliated/Other Party				
	Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	3500.00	43500.00		
	Independent Expenditures	0.00	0.00		
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other		00.00		
	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		
	(N T. 10 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1				
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	20.00		
	(add Lines Zo(a), (b), and (c))	7	7		
	Other Disbursements	0.00	0.00		
	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(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	0.00	0.00		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3500.00	43520.00		
	(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 Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3589.00	22973.00
4. Total Contribution Refunds (from Line 28(d))	0.00	20.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3589.00	22953.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive 2014 10 City Zip Code State Transaction ID: SA11AI.29087 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Dir., Acct. Mgmt. & Broker Admin. Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive 10 31 2014 City State Zip Code Transaction ID: SA11AI.29088 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir., Acct. Mgmt. & Broker Admin. Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive M M / 11 14 2014 City State Zip Code Transaction ID: SA11AI.29089 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Dir., Acct. Mgmt. & Broker Admin. Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

9

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

FOR LINE NUMBER:					PAGE		7	OF	40
(check only one)									
X	11a		11b		11c		12	2	
	13		14		15		16	6	17

	Statements may not be sold or used by any persthe name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.29090 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer MVP Health Care Receipt For: 2014 Primary General Other (specify) ▼	Occupation EVP, Network Management Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.29091 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	
Full Name (Last, First, Middle Initial) C. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		10 31 2014 _
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.29092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	Occupation EVP, Network Management	-
Receipt For: 2014 Primary General Other (specify)	Aggregate Year-to-Date ▼ 1320.00	
SUBTOTAL of Receipts This Page (optional).		180.00
TOTAL This Period (last page this line numb	er only)	

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

FOR LINE NUMBER:					PAGE		8	OF	40
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any pers he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	State Zip Code NY 12866 C Occupation EVP, Network Management	Transaction ID : SA11AI.29093 Amount of Each Receipt this Period 60.00
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt 10 03 2014
City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14618	Transaction ID : SA11AI.29102 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: 2014 Primary General Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester	State Zip Code NY 14618	Date of Receipt 10 17 2014 Transaction ID : SA11Al.29103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2014 □ Primary	Occupation VP Medical Director Aggregate Year-to-Date ▼ 630.00	30.00
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 9 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2014 10 31 City Zip Code State Transaction ID: SA11AI.29104 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 660.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2014 11 14 City State Zip Code Transaction ID: SA11AI.29105 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 690.00 Other (specify) Full Name (Last, First, Middle Initial) c. Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy M M / 17 10 2014 City State Zip Code Transaction ID: SA11AI.29107 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy 2014 10 31 City Zip Code State Transaction ID: SA11AI.29108 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy 2014 11 14 City State Zip Code Transaction ID: SA11AI.29109 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy Colin Date of Receipt Mailing Address 985 Victor Road M = M 17 10 2014 City Zip Code State Transaction ID: SA11AI.29119 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care **Director of Pharmacy** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

ı	FOR LINE NUMBER:					PAGE	1	11	OF	40
	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road City	State Zip Code	Date of Receipt 10 31 2014 Transaction ID : SA11AI.29120
Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary ☐ General Other (specify) ▼	NY 14502 C Occupation Director of Pharmacy Aggregate Year-to-Date ▼ 220.00	Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road City Macedon	State Zip Code NY 14502	Date of Receipt 11 14 2014 Transaction ID: SA11Al.29121
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary Other (specify) General	Occupation Director of Pharmacy Aggregate Year-to-Date 230.00	Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2014 Primary General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 800.00	Date of Receipt 10 03 2014 Transaction ID: SA11AI.29122 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	60.00
TOTAL This Period (last page this line numb	per only)	

	FOR LINE	NUMBER:	PAGI	= 12 0	⊢ 4
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		10 17 2014
City	State Zip Code NY 13090	Transaction ID : SA11AI.29123
Liverpool EEC ID number of contributing		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For: 2014 Primary	Aggregate Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial) 3. Patricia Deferio	I.	Date of Receipt
Mailing Address 7723 Majestic Drive		10 31 2014
City	State Zip Code	Transaction ID : SA11AI.29124
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For: 2014 Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	880.00	
Full Name (Last, First, Middle Initial) Patricia Deferio	1	Date of Receipt
Mailing Address 7723 Majestic Drive		11 14 2014
City	State Zip Code NY 13090	Transaction ID : SA11AI.29125
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For: 2014 Primary X General	Aggregate Year-to-Date ▼	
Other (specify) ▼	920.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PAGE 13 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2014 Apt 4 10 City State Zip Code Transaction ID: SA11AI.29143 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Associate Director Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 10 Apt 4 31 2014 City State Zip Code Transaction ID: SA11AI.29144 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Associate Director Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave M M / 11 14 2014 Apt 4 City State Zip Code Transaction ID: SA11AI.29145 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Associate Director Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC	
Receipt For: 2014 Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 1600.00	Date of Receipt 10 03 2014 Transaction ID: SA11AI.29150 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2014 Primary General Other (specify) Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 1680.00	Date of Receipt 10 17 2014 Transaction ID: SA11AI.29151 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2014 Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 1760.00	Date of Receipt 10 31 2014 Transaction ID: SA11AI.29152 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number or	nly)	

FOR LINE NUMBER: PAGE 15 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2014 11 City Zip Code State Transaction ID: SA11AI.29153 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General 1840.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 10 03 2014 City State Zip Code Transaction ID: SA11AI.29154 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 1600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella M M / 17 10 2014 City State Zip Code Transaction ID: SA11AI.29155 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General Other (specify) 1680.00 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2014 10 31 City Zip Code State Transaction ID: SA11AI.29156 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 1760.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2014 11 14 City State Zip Code Transaction ID: SA11AI.29157 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 1840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Harding Date of Receipt Mailing Address 310 Reserve Court M M / 17 10 2014 City State Zip Code Transaction ID: SA11AI.29159 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Compensation Manager Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 17 OF

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Harding Mailing Address 310 Reserve Court		
MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Harding		Date of Receipt
A. Daniel Harding		Date of Receipt
City State Glenville NY FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary ☐ General Other (specify) ▼ State NY Occupation Compensatio	Zip Code 12302 n Manager ear-to-Date ▼ 220.00	Transaction ID: SA11Al.29160 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Daniel Harding Mailing Address 310 Reserve Court City State Glenville NY FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Compensation Receipt For: 2014 Primary General Other (specify) ▼ Paggregate Years Aggregate Years Aggregate Years Aggregate Years	Zip Code 12302 n Manager ear-to-Date ▼ 230.00	Date of Receipt 11 14 2014 Transaction ID : SA11Al.29161 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2014 Primary Other (specify) General Other (specify)	Zip Code 12306 e ear-to-Date ▼ 600.00	Date of Receipt 10 03 2014 Transaction ID: SA11AI.29170 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		50.00

FOR LINE NUMBER: PAGE 18 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

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FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2014 10 03 City Zip Code State Transaction ID: SA11AI.29178 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 10 2014 17 City State Zip Code Transaction ID: SA11AI.29179 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 630.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive M = M 10 31 2014 City Zip Code State Transaction ID: SA11AI.29180 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 660.00 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2014 11 City Zip Code State Transaction ID: SA11AI.29181 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 690.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 10 03 2014 City State Zip Code Transaction ID: SA11AI.29186 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave M = M 17 10 2014 City State Zip Code Transaction ID: SA11AI.29187 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 21 OF 40
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Detailed Summary Page	X 11a 11b	11c 12
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210.00

14534

NY

С

Occupation

Direct Health Care Ops

Aggregate Year-to-Date ▼

10.00

Amount of Each Receipt this Period

Pittsford

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Receipt For: 2014

Primary

MVP Health Care, Inc.

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Linda Johnson Date of Receipt Mailing Address 2707 Clover St. 2014 10 31 City Zip Code State Transaction ID: SA11AI.29192 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Direct Health Care Ops Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 10 03 2014 City State Zip Code Transaction ID: SA11AI.29217 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP of Network Operations Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue M = M 17 10 2014 City Zip Code State Transaction ID: SA11AI.29218

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420.00

14610

NY

С

Occupation

VP of Network Operations

Aggregate Year-to-Date ▼

20.00

Amount of Each Receipt this Period

Rochester

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

MVP Service Corp. Receipt For: 2014

Primary

	FOR LINE NUMBER: PAGI	E 23 OF 40
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Detailed Summary Page	X 11a 11b 11c	12
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or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		10 31 2014
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.29219 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) 3. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		11 14 2014
City Rochester	State Zip Code NY 14610	Transaction ID : SA11Al.29220 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
Receipt For: 2014 Primary	Aggregate Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) C. Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		10 03 2014
City Saratoga	State Zip Code NY 12866	Transaction ID : SA11AI.29221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	-
MVP Health Care Receipt For: 2014	VP Marketing	_
Primary ⊠ General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional))	70.00
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FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2014 10 City Zip Code State Transaction ID: SA11AI.29222 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation **MVP Health Care** VP Marketing Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 10 31 2014 City State Zip Code Transaction ID: SA11AI.29223 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 660.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave M M / 11 14 2014 City Zip Code State Transaction ID: SA11AI.29224 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 690.00 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 25 OF 40 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2014 10 03 City Zip Code State Transaction ID: SA11AI.29229 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 10 17 2014 City State Zip Code Transaction ID: SA11AI.29230 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 1050.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M M / 10 31 2014 City Zip Code State Transaction ID: SA11AI.29231 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2014 11 City Zip Code State Transaction ID: SA11AI.29232 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Molloy Date of Receipt Mailing Address 84 York Ave. 10 2014 17 City State Zip Code Transaction ID: SA11AI.29234 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir. Of Strategic Accounts Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Molloy Date of Receipt Mailing Address 84 York Ave. M M / 10 31 2014 City State Zip Code Transaction ID: SA11AI.29235 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Dir. Of Strategic Accounts Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Peter Molloy		Date of Receipt
Mailing Address 84 York Ave.		11 14 2014
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11Al.29236 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care Receipt For: 2014 Primary General Other (specify)	Occupation Dir. Of Strategic Accounts Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive		Date of Receipt
City Voorheesville	State Zip Code NY 12186	10 03 2014 Transaction ID : SA11Al.29253 Amount of Food Bospit this Boxing
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MVP	Occupation Director of Finance	
Receipt For: 2014 Primary	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		10 17 2014
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11Al.29254 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Receipt For: 2014	Director of Finance	-
Primary	Aggregate Year-to-Date ▼ 230.00	
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FOR LINE NUMBER: PAGE 28 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2014 10 31 City Zip Code State Transaction ID: SA11AI.29255 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2014 11 14 City State Zip Code Transaction ID: SA11AI.29256 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Everett Patterson Date of Receipt Mailing Address 1 Summit Ct., Ste 200 M M / 17 10 2014 City State Zip Code Transaction ID: SA11AI.29258 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Dir. Of Sales-East Region Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Everett Patterson Mailing Address 1 Summit Ct., Ste 200		Date of Receipt
City Fishkill	State Zip Code NY 12524	10 31 2014 Transaction ID : SA11AI.29259 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care Receipt For: 2014 Primary General Other (specify) ▼	Occupation Dir. Of Sales-East Region Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) B. Everett Patterson Mailing Address 1 Summit Ct., Ste 200		Date of Receipt
City Fishkill	State Zip Code NY 12524	Transaction ID : SA11Al.29260 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region	
Receipt For: 2014 Primary	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) C. Christopher Reiss		Date of Receipt
Mailing Address 5 Rockwood Drive		10 17 2014
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.29269 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Account Manager	
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
)ber only)	30.00

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FOR LINE NUMBER:					PAGE	- 3	30 OF		40	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) A. Christopher Reiss		Date of Receipt
Mailing Address 5 Rockwood Drive		10 31 2014
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.29270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care Receipt For: 2014 Primary General Other (specify) ▼	Occupation Account Manager Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive	1	Date of Receipt
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.29271 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care	Occupation Account Manager	
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Daniel Sauer	<u>'</u>	Date of Receipt
Mailing Address 160 Fifth Avenue		10 03 2014
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.29292 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP	-
Receipt For: 2014 Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	>	50.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 31 OF 40 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2014 10 City Zip Code State Transaction ID: SA11AI.29293 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 10 31 2014 City State Zip Code Transaction ID: SA11AI.29294 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue M M / 11 14 2014 Zip Code State Transaction ID: SA11AI.29295 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 690.00 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Stitt Date of Receipt Mailing Address 684 Macelroy Road 2014 10 City Zip Code State Transaction ID: SA11AI.29317 NY 12019 Ballston Spa Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Pharmacy Director Receipt For: 2014 Aggregate Year-to-Date ▼ Primary X General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David Stitt Date of Receipt Mailing Address 684 Macelroy Road 10 31 2014 City State Zip Code Transaction ID: SA11AI.29318 Ballston Spa NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Pharmacy Director Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 220.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Stitt Date of Receipt Mailing Address 684 Macelroy Road M M / 11 14 2014 City Zip Code State Transaction ID: SA11AI.29319 NY Ballston Spa 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP **Pharmacy Director** Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 230.00 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 33 OF 40 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2014 10 03 City Zip Code State Transaction ID: SA11AI.29320 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ Primary **X** General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 10 17 2014 City State Zip Code Transaction ID: SA11AI.29321 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 1050.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive M M / 10 31 2014 City Zip Code State Transaction ID: SA11AI.29322 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 1100.00 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 34 OF (check only one) X 11a 11b 11c 12

40 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2014 11 City Zip Code State Transaction ID: SA11AI.29323 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) B. Emily Titsworth Date of Receipt Mailing Address 1394 Dean Street 10 17 2014 City State Zip Code Transaction ID: SA11AI.29325 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Associate Counsel Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Emily Titsworth Date of Receipt Mailing Address 1394 Dean Street M M / 10 31 2014 City State Zip Code Transaction ID: SA11AI.29326 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Associate Counsel Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 35 OF (check only one) X 11a 11b 11c 12

40 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Emily Titsworth Date of Receipt Mailing Address 1394 Dean Street 2014 11 City Zip Code State Transaction ID: SA11AI.29327 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation **MVP Health Care** Associate Counsel Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rico Viscusi Date of Receipt Mailing Address 234 Autumn Run 10 17 2014 City State Zip Code Transaction ID: SA11AI.29337 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir. Internal Audit Receipt For: 2014 Aggregate Year-to-Date ▼ X General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Rico Viscusi Date of Receipt Mailing Address 234 Autumn Run M = M 10 31 2014 City State Zip Code Transaction ID: SA11AI.29338 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Dir. Internal Audit Receipt For: 2014 Aggregate Year-to-Date ▼ Primary General Other (specify) 220.00 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 36 OF 40

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary General	cupation . Internal Audit gregate Year-to-Date ▼	Date of Receipt 11 14 2014 Transaction ID: SA11AI.29339 Amount of Each Receipt this Period 10.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Matthew Walkuski	230.00	Date of Receipt
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: 2014 Primary Other (specify) General Other (specify)	State Zip Code NY 12302 Cupation es Manager- East Region gregate Year-to-Date ▼ 210.00	Transaction ID : SA11AI.29341 Amount of Each Receipt this Period 10.00
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Page int Form 2014	State Zip Code NY 12302 cupation les Manager- East Region gregate Year-to-Date 220.00	Date of Receipt 10 31 2014 Transaction ID: SA11AI.29342 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)		

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Use separate schedule(s)	(check c	nly or	ne)					Τ
for each category of the Detailed Summary Page	X 11a		11b		11c		12	
, ,	1 13		1/		15		16	

	d Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Matthew Walkuski Mailing Address 11 Lillian Drive City Scotia	State Zip Code NY 12302	Date of Receipt 11 14 2014 Transaction ID : SA11AI.29343 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: 2014 Primary General Other (specify)	Occupation Sales Manager- East Region Aggregate Year-to-Date ▼ 230.00	10.00
Full Name (Last, First, Middle Initial) 3. Joseph Wild Mailing Address 2040 Mill Road City West Folls	State Zip Code NY 14170	Date of Receipt 10 17 2014 Transaction ID: SA11Al.29345
West Falls FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary General Other (specify) ▼	Occupation Sales Director Aggregate Year-to-Date 210.00	Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Joseph Wild Mailing Address 2040 Mill Road City West Falls FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary Other (specify)	State Zip Code NY 14170 C Occupation Sales Director Aggregate Year-to-Date ▼	Date of Receipt 10 31 2014 Transaction ID: SA11Al.29346 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	>	30.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 38 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) Joseph Wild Mailing Address 2040 Mill Road City West Falls FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary Other (specify) Full Name (Last, First, Middle Initial)	State Zip Code NY 14170 C Occupation Sales Director Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 14 2014 Transaction ID: SA11Al.29347 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Jane Wisner Mailing Address 2819 Cuylerville Road City Leicester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary Other (specify) General	State Zip Code NY 14481 C Occupation Director Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 17 2014 Transaction ID: SA11AI.29349 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Jane Wisner Mailing Address 2819 Cuylerville Road City Leicester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2014 Primary Other (specify)	State Zip Code NY 14481 C Occupation Director Aggregate Year-to-Date ▼ 220.00	Date of Receipt 10 31 2014 Transaction ID: SA11AI.29350 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line numb	per only)	2710.00

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SCHEDULE B (FEC Form 3X)	Han agreement of the Co	FOR LINE NUMBER: PAGE 39 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny				
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30l			
Any information copied from such Reports and State	ements may not be sold or us	sed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	0					
MVP Health Care Inc. Federal PA	C					
Full Name (Last, First, Middle Initial)						
A. COLLINS FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 386			10 28 2014			
City	State Zip Code					
CLARENCE	NY 14031		Transaction ID: SB23.29368			
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period			
Candidate Name CHRISTOPHER C COLLINS		Category/ Type	2500.00			
	ement For: 2014	туре				
Senate	Primary					
President State: NY District: 27	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. PAUL TONKO FOR CONGRESS			Date of Disbursement			
Mailing Address 911 CENTRAL AVENUE PO BOX 221			10 28 2014			
City ALBANY	State Zip Code NY 12206		Transaction ID: SB23.29372			
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period			
Candidate Name		Category/	1000.00			
PAUL DAVID TONKO Office Sought: House Disburse	ement For: 2014	Туре	1000.00			
Senate	Primary Seneral					
President	Other (specify) ▼					
State: NY District: 20	1					
Full Name (Last, First, Middle Initial) C.			Date of Disbursement			
C.			M M / D D / Y Y Y			
Mailing Address						
City	State Zip Code					
Purpose of Disbursement						
Candidate Name		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:	715-5				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
SUBTOTAL of Disbursements This Page (optional).			3500.00			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
TOTAL This Period (last page this line number only	/)		3500.00			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 40
FOR LINE NUMBER: (check only one)

9 **X** 10

40 OF

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	ME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC			
	A. Full Name (Last, First, Middle Initial) of Debtor Deluxe Business Checks	Nature of Debt (Purpose): Check Printing		
İ	Mailing Address P.O. Box 742572			
Ì	City State	Zip Code OH		
ŀ	Cincinnati Outstanding Balance Beginning This Period	011	45274	Transaction ID : SD10.4163
	145.00			
	Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
	0.00	,	0.00	145.00
	B. Full Name (Last, First, Middle Initial) of Debtor Media Well Done	or Creditor		Nature of Debt (Purpose): Advertising
ŀ	Mailing Address 96 Jay Street			
	City State Schenectady	Zip Code NY	12305	
	Outstanding Balance Beginning This Period 338.00			Transaction ID : SD10.4165
	Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	338.00
	C. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of Debt (Purpose):
	Mailing Address			
	City	State	Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period	Paym	nent This Period	Outstanding Balance at Close of This Period
		,		492.00
1)	SUBTOTALS This Period This Page (optional))	483.00
2)	TOTALS This Period (last page this line number	only))	483.00
3)	TOTAL OUTSTANDING LOANS from Schedule (0.00		
4)	ADD 2) and 3) and carry forward to appropriate	483.00		