

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		56741.34
(b) Cash on Hand at Beginning of Reporting Period.....	56741.34	
(c) Total Receipts (from Line 19)	15266.00	15266.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72007.34	72007.34
7. Total Disbursements (from Line 31).....	19000.00	19000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53007.34	53007.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5150.00	5150.00
(ii) Unitemized	7116.00	7116.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12266.00	12266.00
(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)	12266.00	12266.00
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.....	3000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	15266.00	15266.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15266.00	15266.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	19000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19000.00	19000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19000.00	19000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12266.00	12266.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12266.00	12266.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 25 Carriage House Lane

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2015

Transaction ID : SA11AI.30324

Amount of Each Receipt this Period
60.00

PAC Contribution

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

Mailing Address 25 Carriage House Lane

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2015

Transaction ID : SA11AI.30325

Amount of Each Receipt this Period
60.00

PAC Contribution

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

Mailing Address 25 Carriage House Lane

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2015

Transaction ID : SA11AI.30326

Amount of Each Receipt this Period
60.00

PAC Contribution

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

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

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

FOR LINE NUMBER: PAGE 7 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 25 Carriage House Lane

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 04 / 03 / 2015
Transaction ID : SA11AI.30327

Amount of Each Receipt this Period
 60.00

PAC Contribution

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

Mailing Address 25 Carriage House Lane

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 04 / 17 / 2015
Transaction ID : SA11AI.30328

Amount of Each Receipt this Period
 60.00

PAC Contribution

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

Mailing Address 25 Carriage House Lane

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 05 / 01 / 2015
Transaction ID : SA11AI.30329

Amount of Each Receipt this Period
 60.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House Lane

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : SA11AI.30330

Amount of Each Receipt this Period
60.00

PAC Contribution

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House Lane

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.30331

Amount of Each Receipt this Period
60.00

PAC Contribution

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House Lane

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.30332

Amount of Each Receipt this Period
60.00

PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 25 Carriage House Lane

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : SA11AI.30333

Amount of Each Receipt this Period
60.00

PAC Contribution

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

Mailing Address 19 Julia Ct

City State Zip Code
Mahopac NY 10541

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2015
Transaction ID : SA11AI.30369

Amount of Each Receipt this Period
40.00

PAC Contribution

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

Mailing Address 19 Julia Ct

City State Zip Code
Mahopac NY 10541

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015
Transaction ID : SA11AI.30370

Amount of Each Receipt this Period
40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

**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 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 70 Barclay Square Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.30378

Amount of Each Receipt this Period
 30.00

PAC Contribution

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

Mailing Address 70 Barclay Square Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.30379

Amount of Each Receipt this Period
 30.00

PAC Contribution

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

Mailing Address 70 Barclay Square Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2015
Transaction ID : SA11AI.30380

Amount of Each Receipt this Period
 30.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 44
	(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 70 Barclay Square Drive
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2015
Transaction ID : SA11AI.30381
Amount of Each Receipt this Period
30.00
PAC Contribution

B. Carl Cameron
Full Name (Last, First, Middle Initial)
Mailing Address 70 Barclay Square Drive
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2015
Transaction ID : SA11AI.30382
Amount of Each Receipt this Period
30.00
PAC Contribution

C. Carl Cameron
Full Name (Last, First, Middle Initial)
Mailing Address 70 Barclay Square Drive
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2015
Transaction ID : SA11AI.30383
Amount of Each Receipt this Period
30.00
PAC Contribution

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

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

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

FOR LINE NUMBER: PAGE 12 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 70 Barclay Square Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.30384

Amount of Each Receipt this Period
 30.00

PAC Contribution

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

Mailing Address 106 Birch Street

City State Zip Code
 Liverpool NY 13088

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 20 / 2015
Transaction ID : SA11AI.30447

Amount of Each Receipt this Period
 40.00

PAC Contribution

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

Mailing Address 106 Birch Street

City State Zip Code
 Liverpool NY 13088

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.30448

Amount of Each Receipt this Period
 40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Patricia DeFerio

Mailing Address 106 Birch Street

City Liverpool State NY Zip Code 13088

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SA11AI.30449

Amount of Each Receipt this Period
40.00

PAC Contribution

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

Mailing Address 106 Birch Street

City Liverpool State NY Zip Code 13088

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.30450

Amount of Each Receipt this Period
40.00

PAC Contribution

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

Mailing Address 106 Birch Street

City Liverpool State NY Zip Code 13088

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.30451

Amount of Each Receipt this Period
40.00

PAC Contribution

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

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

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

FOR LINE NUMBER: PAGE 14 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Patricia DeFerio

Mailing Address 106 Birch Street

City Liverpool State NY Zip Code 13088

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
05 / 29 / 2015

Transaction ID : SA11AI.30452

Amount of Each Receipt this Period
40.00

PAC Contribution

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

Mailing Address 106 Birch Street

City Liverpool State NY Zip Code 13088

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
06 / 12 / 2015

Transaction ID : SA11AI.30453

Amount of Each Receipt this Period
40.00

PAC Contribution

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

Mailing Address 106 Birch Street

City Liverpool State NY Zip Code 13088

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
06 / 26 / 2015

Transaction ID : SA11AI.30454

Amount of Each Receipt this Period
40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3 Park Forest Drive

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2015

Transaction ID : SA11AI.30551

Amount of Each Receipt this Period

80.00

PAC Contribution

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

Mailing Address 3 Park Forest Drive

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2015

Transaction ID : SA11AI.30552

Amount of Each Receipt this Period

80.00

PAC Contribution

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

Mailing Address 3 Park Forest Drive

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		06		2015

Transaction ID : SA11AI.30553

Amount of Each Receipt this Period

80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<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. Patrick Glavey		Date of Receipt MM / DD / YYYY 03 / 20 / 2015 Transaction ID : SA11AI.30554
Mailing Address 3 Park Forest Drive		Amount of Each Receipt this Period 80.00 PAC Contribution
City Pittsford	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Patrick Glavey		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 Transaction ID : SA11AI.30555
Mailing Address 3 Park Forest Drive		Amount of Each Receipt this Period 80.00 PAC Contribution
City Pittsford	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) C. Patrick Glavey		Date of Receipt MM / DD / YYYY 04 / 17 / 2015 Transaction ID : SA11AI.30556
Mailing Address 3 Park Forest Drive		Amount of Each Receipt this Period 80.00 PAC Contribution
City Pittsford	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Patrick Glavey			Date of Receipt
Mailing Address 3 Park Forest Drive			<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Pittsford	State NY	Zip Code 14534	Transaction ID : SA11AI.30557
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="80.00"/>		PAC Contribution
Name of Employer MVP Health Care	Occupation EVP	Aggregate Year-to-Date ▼ <input type="text" value="720.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Patrick Glavey			Date of Receipt
Mailing Address 3 Park Forest Drive			<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Pittsford	State NY	Zip Code 14534	Transaction ID : SA11AI.30558
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="80.00"/>		PAC Contribution
Name of Employer MVP Health Care	Occupation EVP	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patrick Glavey			Date of Receipt
Mailing Address 3 Park Forest Drive			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Pittsford	State NY	Zip Code 14534	Transaction ID : SA11AI.30559
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="80.00"/>		PAC Contribution
Name of Employer MVP Health Care	Occupation EVP	Aggregate Year-to-Date ▼ <input type="text" value="880.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3 Park Forest Drive

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2015

Transaction ID : SA11AI.30560

Amount of Each Receipt this Period
80.00

PAC Contribution

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

Mailing Address 3 Park Forest Drive

City State Zip Code
Pittsford NY 14534

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

Name of Employer Occupation
MVP Health Care EVP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.30561

Amount of Each Receipt this Period
80.00

PAC Contribution

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

Mailing Address 332 Torquay Blvd.

City State Zip Code
Albany NY 12203

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

Name of Employer Occupation
MVP Health Care President & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2015

Transaction ID : SA11AI.30565

Amount of Each Receipt this Period
80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **02 / 20 / 2015**
Transaction ID : SA11AI.30566
Amount of Each Receipt this Period **80.00**
PAC Contribution

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 06 / 2015**
Transaction ID : SA11AI.30567
Amount of Each Receipt this Period **80.00**
PAC Contribution

C. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **03 / 20 / 2015**
Transaction ID : SA11AI.30568
Amount of Each Receipt this Period **80.00**
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Denise Gonick		Date of Receipt
Mailing Address 332 Torquay Blvd.		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Albany	State NY	Zip Code 12203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30569
Name of Employer MVP Health Care		Amount of Each Receipt this Period
Occupation President & CEO		<input type="text" value="80.00"/>
Receipt For: 2016		PAC Contribution
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		<input type="text" value="560.00"/>

Full Name (Last, First, Middle Initial) B. Denise Gonick		Date of Receipt
Mailing Address 332 Torquay Blvd.		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City Albany	State NY	Zip Code 12203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30570
Name of Employer MVP Health Care		Amount of Each Receipt this Period
Occupation President & CEO		<input type="text" value="80.00"/>
Receipt For: 2016		PAC Contribution
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		<input type="text" value="640.00"/>

Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt
Mailing Address 332 Torquay Blvd.		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Albany	State NY	Zip Code 12203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.30571
Name of Employer MVP Health Care		Amount of Each Receipt this Period
Occupation President & CEO		<input type="text" value="80.00"/>
Receipt For: 2016		PAC Contribution
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		<input type="text" value="720.00"/>

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2015
Transaction ID : SA11AI.30572
Amount of Each Receipt this Period
80.00
PAC Contribution

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 880.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2015
Transaction ID : SA11AI.30573
Amount of Each Receipt this Period
80.00
PAC Contribution

C. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2015
Transaction ID : SA11AI.30574
Amount of Each Receipt this Period
80.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<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. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 332 Torquay Blvd.
City Albany State NY Zip Code 12203
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation President & CEO
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 06 / 26 / 2015
Transaction ID : SA11AI.30575
Amount of Each Receipt this Period 80.00
PAC Contribution

B. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive
City Schenectady State NY Zip Code 12306
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 03 / 2015
Transaction ID : SA11AI.30611
Amount of Each Receipt this Period 30.00
PAC Contribution

C. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive
City Schenectady State NY Zip Code 12306
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 17 / 2015
Transaction ID : SA11AI.30612
Amount of Each Receipt this Period 30.00
PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 140.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 Health Care	Occupation VP
-------------------------------------	------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2015

Transaction ID : SA11AI.30613

Amount of Each Receipt this Period

30.00

PAC Contribution

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

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : SA11AI.30614

Amount of Each Receipt this Period

30.00

PAC Contribution

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

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.30615

Amount of Each Receipt this Period

30.00

PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt
06 / 12 / 2015
Transaction ID : SA11AI.30616

Amount of Each Receipt this Period
30.00

PAC Contribution

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

City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Date of Receipt
06 / 26 / 2015
Transaction ID : SA11AI.30617

Amount of Each Receipt this Period
30.00

PAC Contribution

C. James Hopsicker
Full Name (Last, First, Middle Initial)
Mailing Address 4209 Oakdale Court

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.30619

Amount of Each Receipt this Period
500.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<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. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Dr
City Fairport State NY Zip Code 14450
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Director
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2015
Transaction ID : SA11AI.30641
Amount of Each Receipt this Period
30.00
PAC Contribution

B. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Dr
City Fairport State NY Zip Code 14450
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Director
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2015
Transaction ID : SA11AI.30642
Amount of Each Receipt this Period
30.00
PAC Contribution

C. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Dr
City Fairport State NY Zip Code 14450
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Director
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2015
Transaction ID : SA11AI.30643
Amount of Each Receipt this Period
30.00
PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

Transaction ID : SA11AI.30644

Amount of Each Receipt this Period

30.00

PAC Contribution

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

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.30645

Amount of Each Receipt this Period

30.00

PAC Contribution

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

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.30646

Amount of Each Receipt this Period

30.00

PAC Contribution

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

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

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

FOR LINE NUMBER: PAGE 27 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 38 Fox Hill Dr

City State Zip Code
 Fairport NY 14450

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

Name of Employer Occupation
 MVP Health Care Director

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2015
Transaction ID : SA11AI.30647

Amount of Each Receipt this Period
 30.00

PAC Contribution

Full Name (Last, First, Middle Initial)
B. Dawn Jablonski

Mailing Address 64 Sutherland Drive

City State Zip Code
 Watervliet NY 12189

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015
Transaction ID : SA11AI.30669

Amount of Each Receipt this Period
 30.00

PAC Contribution

Full Name (Last, First, Middle Initial)
C. Dawn Jablonski

Mailing Address 64 Sutherland Drive

City State Zip Code
 Watervliet NY 12189

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2015
Transaction ID : SA11AI.30670

Amount of Each Receipt this Period
 50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Dawn Jablonski

Mailing Address 64 Sutherland Drive

City State Zip Code
Watervliet NY 12189

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

Name of Employer Occupation
MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2015

Transaction ID : SA11AI.30671

Amount of Each Receipt this Period
50.00

PAC Contribution

Full Name (Last, First, Middle Initial)
B. Dawn Jablonski

Mailing Address 64 Sutherland Drive

City State Zip Code
Watervliet NY 12189

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

Name of Employer Occupation
MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2015

Transaction ID : SA11AI.30672

Amount of Each Receipt this Period
50.00

PAC Contribution

Full Name (Last, First, Middle Initial)
C. Dawn Jablonski

Mailing Address 64 Sutherland Drive

City State Zip Code
Watervliet NY 12189

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

Name of Employer Occupation
MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2015

Transaction ID : SA11AI.30673

Amount of Each Receipt this Period
50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dawn Jablonski		Date of Receipt MM / DD / YYYY 06 / 12 / 2015 Transaction ID : SA11AI.30674
Mailing Address 64 Sutherland Drive		Amount of Each Receipt this Period 50.00
City Watervliet	State NY	Zip Code 12189
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) B. Dawn Jablonski		Date of Receipt MM / DD / YYYY 06 / 26 / 2015 Transaction ID : SA11AI.30675
Mailing Address 64 Sutherland Drive		Amount of Each Receipt this Period 50.00
City Watervliet	State NY	Zip Code 12189
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) C. Matthew Mackinnon		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : SA11AI.30787
Mailing Address 1523 East Avenue		Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 44
	<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. Matthew Mackinnon		Date of Receipt MM / DD / YYYY 06 / 12 / 2015 Transaction ID : SA11AI.30788
Mailing Address 1523 East Avenue		Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Matthew Mackinnon		Date of Receipt MM / DD / YYYY 06 / 26 / 2015 Transaction ID : SA11AI.30789
Mailing Address 1523 East Avenue		Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Augusta Martin		Date of Receipt MM / DD / YYYY 04 / 03 / 2015 Transaction ID : SA11AI.30799
Mailing Address 113 Kaydeross Park Road		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		PAC Contribution
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

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 31 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 113 Kaydeross Park Road

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 04 / 17 / 2015
Transaction ID : SA11AI.30800

Amount of Each Receipt this Period
 30.00

PAC Contribution

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

Mailing Address 113 Kaydeross Park Road

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 05 / 01 / 2015
Transaction ID : SA11AI.30801

Amount of Each Receipt this Period
 30.00

PAC Contribution

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

Mailing Address 113 Kaydeross Park Road

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 15 / 2015
Transaction ID : SA11AI.30802

Amount of Each Receipt this Period
 30.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 113 Kaydeross Park Road

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

Transaction ID : SA11AI.30803

Amount of Each Receipt this Period

30.00

PAC Contribution

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

Mailing Address 113 Kaydeross Park Road

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2015

Transaction ID : SA11AI.30804

Amount of Each Receipt this Period

30.00

PAC Contribution

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

Mailing Address 113 Kaydeross Park Road

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : SA11AI.30805

Amount of Each Receipt this Period

30.00

PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 06 / 2015

Transaction ID : SA11AI.30824

Amount of Each Receipt this Period
50.00

PAC Contribution

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SA11AI.30825

Amount of Each Receipt this Period
50.00

PAC Contribution

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : SA11AI.30826

Amount of Each Receipt this Period
50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 44
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SA11AI.30827

Amount of Each Receipt this Period
50.00

PAC Contribution

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.30828

Amount of Each Receipt this Period
50.00

PAC Contribution

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 15 / 2015

Transaction ID : SA11AI.30829

Amount of Each Receipt this Period
50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **05 / 29 / 2015**

Transaction ID : SA11AI.30830

Amount of Each Receipt this Period **50.00**

PAC Contribution

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 12 / 2015**

Transaction ID : SA11AI.30831

Amount of Each Receipt this Period **50.00**

PAC Contribution

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **06 / 26 / 2015**

Transaction ID : SA11AI.30832

Amount of Each Receipt this Period **50.00**

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<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. Daniel Sauer
Full Name (Last, First, Middle Initial)

Mailing Address 160 Fifth Avenue

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : SA11AI.31003

Amount of Each Receipt this Period
30.00

PAC Contribution

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

Mailing Address 160 Fifth Avenue

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SA11AI.31004

Amount of Each Receipt this Period
30.00

PAC Contribution

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

Mailing Address 160 Fifth Avenue

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

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.31005

Amount of Each Receipt this Period
30.00

PAC Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 44
	<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. Daniel Sauer		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 Transaction ID : SA11AI.31006
Mailing Address 160 Fifth Avenue		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Daniel Sauer		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 Transaction ID : SA11AI.31007
Mailing Address 160 Fifth Avenue		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Daniel Sauer		Date of Receipt MM / DD / YYYY 06 / 12 / 2015 Transaction ID : SA11AI.31008
Mailing Address 160 Fifth Avenue		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Health Care	Occupation VP	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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

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

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

FOR LINE NUMBER: PAGE 38 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

A. Daniel Sauer
Full Name (Last, First, Middle Initial)
Mailing Address 160 Fifth Avenue
City Saratoga Springs State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP
Receipt For: 2016
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 26 / 2015
Transaction ID : SA11AI.31009
Amount of Each Receipt this Period 30.00
PAC Contribution

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	5150.00

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

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

FOR LINE NUMBER: PAGE 39 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. CHRIS GIBSON FOR CONGRESS

Mailing Address PO Box 247

City State Zip Code
 Kinderhook NY 12106

FEC ID number of contributing federal political committee. **C C00477984**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015
Transaction ID : SA16.31264

Amount of Each Receipt this Period
 3000.00

Refund of 2014 Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

**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. AHIP PAC Administrative Account

Mailing Address 601 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

011

Category/
Type

Candidate Name
Alamo PAC

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : SB23.31234

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement

011

Category/
Type

Candidate Name
CHRISTOPHER C COLLINS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SB23.31241

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ELISE FOR CONGRESS

Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement

011

Category/
Type

Candidate Name
ELISE M STEFANIK

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : SB23.31252

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

**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. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement
Political Contribution

011

Candidate Name
FRIENDS OF SCHUMER

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : **SB23.31228**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. KATKO FOR CONGRESS

Mailing Address 5407 ANVIL DRIVE

City CAMILLUS State NY Zip Code 13031

Purpose of Disbursement

011

Candidate Name
JOHN M KATKO

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2015

Transaction ID : **SB23.31299**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KATKO FOR CONGRESS

Mailing Address 5407 ANVIL DRIVE

City CAMILLUS State NY Zip Code 13031

Purpose of Disbursement

011

Candidate Name
JOHN M KATKO

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2015

Transaction ID : **SB23.31300**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name
PAUL DAVID TONKO

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : **SB23.31237**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address 2308 GENESEE STREET

City UTICA State NY Zip Code 13502

Purpose of Disbursement

011

Candidate Name
RICHARD HANNA

Category/
Type

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

Disbursement For: 1000
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : **SB23.31236**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement

011

Candidate Name
SEAN PATRICK MALONEY

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

Transaction ID : **SB23.31302**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City State Zip Code
GENEVA NY 14456

Purpose of Disbursement
Political Contribution

011

Candidate Name

THOMAS W II REED

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SB23.31230

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City State Zip Code
GENEVA NY 14456

Purpose of Disbursement

011

Candidate Name

THOMAS W II REED

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2015

Transaction ID : SB23.31238

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

2000.00

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

19000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 44
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

1) 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 C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	483.00