Image#	201507	289000	437725
magor	201001	200000	

FEC FORM 3X

07/28/2015 22 : 34

PAGE 1 / 44

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in		Pe or print 🔻		ple: If typir the lines.	ng, type	12FE4]	M5		
N	IVP Health Ca	are Inc. Fe	deral PAC							1
	DRESS (number an		625 State Street							
C	Check if diffe than previou reported. (Ad	sly	Schenectady				NY	12305		
2.	FEC IDENTIFIC	ATION NUM	BER V	CITY 🔺		S			ZIP COD	DE 🔺
	C C0043142	9		3. IS THIS REPORT	\sim	NEW N) OR		AMENDED (A)		
4.	TYPE OF REF (Choose One)	ORT	(b) Monthly Report	Feb 20 (M2)	_ _	May 20 (M5)	A	ug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep	oorts:	Due On:	Mar 20 (M3)		Jun 20 (M6)	S	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterl	/ Report (Q1)	(c) 12-Day	F	Primary (12P	?)	Gene	ral (12G)		Runoff (12R)
	July 15 Quarterly	/ Report (Q2)	PRE-Electi Report for		Convention (12C)	Speci	al (12S)		
	October Quarterly	15 / Report (Q3)					· ·			
	January Year-End	31 d Report (YE)		Election on	M M /		YYYY	Y	in the State of	
		Mid-Year Non-election ly) (MY)	(d) 30-Day POST-Elect		General (300	G)	Runo	ff (30R)		Special (30S)
	Terminat (TER)	ion Report	Report for		M M /	D D /	Y Y Y	Y	in the	
				Election on					State of	
5.	Covering Period	01		2015	through	06	/ D D 30	/ Y Y 20	15 15	
l ce	ertify that I have ex	amined this I	Report and to the b	est of my know	ledge and b	pelief it is true	e, correct	and complet	te.	
Тур	e or Print Name o	f Treasurer	Jordan T. Estey							
							М	M / D		Y Y Y Y
Sig	nature of Treasure	r <i>Jordan T</i>	. Емеу	[1	Electronically	v Filed] Da	ate 0	7 28		2015
NO	TE: Submission of f	alse, erroneou	s, or incomplete info	rmation may sub	ject the pers	son signing thi	is Report t	o the penalti	es of 2 U	.S.C. §437g.
	Office Use								FORI lev. 12/20	
	Only									

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

-	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
I	MVP Health Care Inc. Federal PAC	C	
F	Report Covering the Period: From:	1 01 / Y Y Y Y 2015 To:	M = M / D = D / Y = Y = Y = Y Y 06 30 2015 1000
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		56741.34
	(b) Cash on Hand at Beginning of Reporting Period	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

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: 0	1 01 2015	To: 06 / 06 / 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5150.00	5150.00
(i) Itemized (use Schedule A)	5150.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(ii) Unitemized	7116.00	7116.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	12266.00	12266.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12266.00	12266.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7 0.00	7 7 7
All Loans Received	0.00	0.00
	0.00	
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)		0.00
to Federal Candidates and Other		
Political Committees	3000.00	3000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		7 7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	15266.00	15266.00
,,,,,, and ro(o),	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

20. Total Federal Receipts (subtract Line 18(c) from Line 19)►

15266.00

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. Disbursements	II. Disbursements COLUMN A Total This Period		
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 (add 21(a)(i), (a)(ii), and (b)) 	0.00	0.00	
Transfers to Affiliated/Other Party	0.00	0.00	
Committees Contributions to Federal Candidates/Committees			
and Other Political Committees	19000.00	19000.00	
(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 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	
	7 7 7 0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
(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	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19000.00	19000.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	19000.00	19000.00	

L

DETAILED SUMMARY PAGE

of Disbursements

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

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Image# 201507289000437730						
SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 44 (check only one)				
	g the name and address of any political commit	v person for the purpose of soliciting contributions				
Full Name (Last, First, Middle Initial) A. Karla Austen Mailing Address 25 Carriage House Lane						
City Saratoga Springs FEC ID number of contributing	State Zip Code NY 12866	02 20 2015 Transaction ID : SA11AI.30324 Amount of Each Receipt this Period 60.00				
federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	Occupation EVP Aggregate Year-to-Date ▼ 240.00	PAC Contribution				
Full Name (Last, First, Middle Initial) B. Karla Austen Mailing Address 25 Carriage House Lane City Saratoga Springs FEC ID number of contributing federal political committee.	State Zip Code NY 12866	Date of Receipt 03 06 2015 Transaction ID : SA11AI.30325 Amount of Each Receipt this Period 60.00				
Name of Employer MVP Health Care Receipt For: 2016	Occupation EVP Aggregate Year-to-Date ▼ 300.00	PAC Contribution				
Full Name (Last, First, Middle Initial) C. Karla Austen Mailing Address 25 Carriage House Lane City	State Zip Code	Date of Receipt				
Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yrimary General Other (specify) ✓	NY 12866 C Occupation EVP Aggregate Year-to-Date ▼	Transaction ID : SA11AI.30326 Amount of Each Receipt this Period 60.00 PAC Contribution				

UBTOTAL of Receipts This Page (optional)					7		7	1	80.0	10	
TOTAL This Period (last page this line number only)				i.	-		-				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 44 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt
	Mailing Address 25 Carriage House Lane			M M / D D / Y Y Y Y 04 03 2015
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.30327 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00]
В.	Full Name (Last, First, Middle Initial) Karla Austen	Date of Receipt		
0.	Mailing Address 25 Carriage House Lane	04 17 _2015		
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.30328 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP		PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
С.	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt
	Mailing Address 25 Carriage House Lane			M M / D D / Y Y Y Y 05 01 2015
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.30329 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation	I	PAC Contribution
	MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	EVP Aggregate	Year-to-Date ▼ 540.00]
s	UBTOTAL of Receipts This Page (optional)			180.00

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

CHEDULE A (FEC Form 3 TEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 11a 11b 13 14	PAGE 8 OF			
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ng the name and a	ay not be sold or used by any p address of any political committe	person for the purpose of s e to solicit contributions fro	soliciting contribut			
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House Land	9		Date of Receipt	/ Y Y Y			
City Saratoga Springs FEC ID number of contributing federal political committee.	State NY	Zip Code 12866	05 15 2015 Transaction ID : SA11AI.30330 Amount of Each Receipt this Period 60.				
Name of Employer MVP Health Care Receipt For: 2016	Occupation EVP Aggregate	Year-to-Date ▼ 600.00	PAC Contribution				
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House Lane	State	Zip Code	Date of Receipt	/ 2015			
Saratoga Springs FEC ID number of contributing federal political committee.	NY	12866	Transaction ID : S				
Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	Occupation EVP Aggregate	Year-to-Date ▼ 660.00	PAC Contribution				

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

. Karla Austen		Date of Receipt				
Mailing Address 25 Carriage House Lane		M M / D D / Y Y Y Y 06 12 2015				
City	State Zip Code	Transaction ID : SA11AI.30332				
Saratoga Springs	NY 12866	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.00				
Name of Employer	Occupation	PAC Contribution				
MVP Health Care	EVP					
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00					
SUBTOTAL of Receipts This Page (optional	l) ▶	180.00				
TOTAL This Period (last page this line num	nber only)	7 7 7				

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)						
	for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	e name and a		13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	MVP Health Care Inc. Federal	PAC						
Δ	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt				
71	Mailing Address 25 Carriage House Lane			06 26 2015				
	City	State	Zip Code	Transaction ID : SA11AI.30333				
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		60.00				
	Name of Employer	Occupation	n	PAC Contribution				
	MVP Health Care	EVP						
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 780.00]				
В.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy Mailing Address 19 Julia Ct			Date of Receipt				
	City	State	Zip Code	Transaction ID : SA11AI.30369				
	Mahopac	NY	10541	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer MVP Health Care	Occupation EVP	n	PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]				
C.	Full Name (Last, First, Middle Initial) Catherine Buhler Clancy			Date of Receipt				
	Mailing Address 19 Julia Ct			06 26 / Y Y Y Y Y 06 26 2015				
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.30370 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer	Occupation	n	PAC Contribution				
	MVP Health Care	EVP						
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	1				

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or for	r commercial purposes, other than using the AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal I	e name and a														
A C	II Name (Last, First, Middle Initial) Carl Cameron ailing Address 70 Barclay Square Drive		Date of Receipt													
Cit	ty ochester	State NY	Zip Code 14618	04 03 2015 Transaction ID : SA11AI.30378 Amount of Each Receipt this Period												
feo Na M	EC ID number of contributing deral political committee. ame of Employer VP Health Care ecceipt For: 2016 ✓ Primary General Other (specify) ▼	C Occupation VP Aggregate	Year-to-Date ▼ 210.00	PAC Con	9		30.00	0								
B. <u>C</u> Ma		State NY	Zip Code		/ 17 ction ID : S	2 A11AI.30										
FE fec Na	ochester EC ID number of contributing deral political committee. ame of Employer VP Health Care	Occupation VP	14618	Amount	of Each Re	ceipt this	9eriod 30.00	D								
5	eceipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00													
c	III Name (Last, First, Middle Initial) Carl Cameron ailing Address 70 Barclay Square Drive			Date of	Receipt		2015 _	1								
FE	ty ochester EC ID number of contributing deral political committee.	State NY	Zip Code 14618	Amount	action ID : S			0								
M	ame of Employer VP Health Care ecceipt For: 2016 ✓ Primary General Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 270.00	PAC Con	tribution											

SUBTOTAL of Receipts This Page (optional)	I		7		,		90	.00	
TOTAL This Period (last page this line number only)			7		7				

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	e name and a	FOR LINE NUMBER: PAGE 11 OF 44 (check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check only one) Image: Check one) Image: Check only on	
A .	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 70 Barclay Square Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify)	State NY C Occupation VP Aggregate	Zip Code 14618 Year-to-Date ▼ 300.00	Date of Receipt 05 15 2015 Transaction ID : SA11AI.30381 Amount of Each Receipt this Period 30.00 PAC Contribution
В.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 70 Barclay Square Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 14618 Year-to-Date ▼ 330.00	Date of Receipt
с.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 70 Barclay Square Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify)	State NY C Occupation VP Aggregate	Zip Code 14618 Year-to-Date ▼ 360.00	Date of Receipt

	_		 	 	_	_	_	
SUPTOTAL of Pagainta This Paga (antional)							90.00	0
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TOTAL This Period (last page this line number only)			 	 				

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IT	for commercial purposes, other than using the	ED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page ation copied from such Reports and Statements may not be sold or used by any per mercial purposes, other than using the name and address of any political committee						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
Α.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 70 Barclay Square Drive			Date of Receipt				
	City Rochester	State NY	Zip Code 14618	06 26 2015 Transaction ID : SA11AI.30384 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer MVP Health Care Receipt For: 2016	Occupation VP Aggregate	Year-to-Date ▼	PAC Contribution				
	Primary General Other (specify) ▼		390.00]				
в.	Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 106 Birch Street			Date of Receipt				
	City Liverpool	State	Zip Code 13088	03 20 2015 Transaction ID : SA11AI.30447 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer MVP Health Care	Occupation VP		PAC Contribution				
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]				
c	Full Name (Last, First, Middle Initial) Patricia DeFerio			Date of Receipt				
0.	Mailing Address 106 Birch Street			04 03 2015				
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.30448 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00 PAC Contribution				
	Name of Employer	Occupation						
	MVP Health Care Receipt For: 2016	VP	Versite Data =	_				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00]				

SUBTOTAL of Receipts This Page (optional)	E		7		7	1	110.0	0	
TOTAL This Period (last page this line number only)			,		,	_	_		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

44

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using t			or the		pose c	of solicitin	g contrib	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC							
Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 106 Birch Street City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify)	State NY C Occupation VP Aggregate	Zip Code 13088 Year-to-Date ▼ 320.00		sact	ion ID Each		his Perio	
Full Name (Last, First, Middle Initial) B. Patricia DeFerio Mailing Address 106 Birch Street			 Date o	f Re	eceipt		2015	Y
City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Primary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 13088 Year-to-Date ▼ 360.00		t of	Each	<u>: SA11AI</u> Receipt tl	his Perio	d 0.00
C. Patricia DeFerio Mailing Address 106 Birch Street City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 ∑ Primary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 13088 Year-to-Date ▼ 400.00		sact	tion ID Each		his Perio 4	
SUBTOTAL of Receipts This Page (optional).					7		120	0.00

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check on	NUMBER:	PAGE	14 OF	44
•••			Detailed Summary Page	X 11a	11b	11c	12	
				13	14	15	16	17
	y information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
Α.	Full Name (Last, First, Middle Initial) Patricia DeFerio			Date o	of Receipt			
	Mailing Address 106 Birch Street			05		/ Y	2015	
	City	State	Zip Code		29 saction ID : \$	SA11AI 30		
	Liverpool	NY	13088		t of Each Re			
	FEC ID number of contributing federal political committee.	С					40.0	0
	Name of Employer	Occupation		— PAC Co	ontribution			
	MVP Health Care	VP						
	Receipt For: 2016	Aggregate	Year-to-Date ▼	_				
	Primary General	, iggi oguto						
	Other (specify)		440.00					
В.	Full Name (Last, First, Middle Initial) Patricia DeFerio			Date o	of Receipt			
	Mailing Address 106 Birch Street			06	/ D D	/ Y	2015 _	
	City	State	Zip Code		saction ID : S			
	Liverpool	NY	13088	Amoun	t of Each Re	eceipt this	Period	
	FEC ID number of contributing federal political committee.	С					40.0	0
	Name of Employer	Occupation		PAC Co	ntribution			
	MVP Health Care	VP						
	Receipt For: 2016	Aggregate	Year-to-Date ▼					
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	Other (specify)		480.00					
C.	Full Name (Last, First, Middle Initial) Patricia DeFerio			Date o	of Receipt			
	Mailing Address 106 Birch Street			06	/ D D 26	/ Y	y y y y y 2015	
	City	State	Zip Code	Trans	saction ID :	SA11AI.3)454	
	Liverpool	NY	13088	Amoun	t of Each Re	eceipt this	Period	
	FEC ID number of contributing federal political committee.	С			ontribution		40.0	00
	Name of Employer	Occupation						
	MVP Health Care	VP						
	Receipt For: 2016	Aggregate	Year-to-Date ▼					
	Primary General		500.00					
	Other (specify)		520.00					

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A .	MVP Health Care Inc. Federal P Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 3 Park Forest Drive	PAC		Date of Receipt			
	City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 ♀ Primary General Other (specify) ▼	State NY C Occupation EVP Aggregate Ye	Zip Code 14534 ear-to-Date ▼ 240.00	Transaction ID : SA11AI.30551 Amount of Each Receipt this Period 80.00 PAC Contribution			
Β.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State NY C Occupation EVP Aggregate Ye	Zip Code 14534 ear-to-Date ▼ 320.00	Date of Receipt 02 20 2015 Transaction ID : SA11AI.30552 Amount of Each Receipt this Period 80.00 PAC Contribution			
с.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary Other (specify) ▼	State NY C Occupation EVP Aggregate Ye	Zip Code 14534 ear-to-Date ▼ 400.00	Date of Receipt 03 06 2015 Transaction ID : SA11AI.30553 Amount of Each Receipt this Period 80.00 PAC Contribution			

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PAGE 16 OF

44

	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12 16	17	
	ny information copied from such Reports and for commercial purposes, other than using t									
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	Receipt For: 2016 Primary General Other (specify)		Year-to-Date ▼ 480.00]						
в.	Full Name (Last, First, Middle Initial) Patrick Glavey	- -			Date of	f Re	ceipt			
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	Name of Employer MVP Health Care		P.	PAC Contribution						
	Receipt For: 2016 Primary General Other (specify) V	EVP Aggregate	Year-to-Date ▼ 640.00]						
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC									
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt							
	Mailing Address 3 Park Forest Drive			05 01 _ 2015 _							
	City Pittsford	State NY	Zip Code 14534	Transaction ID : SA11AI.30557 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		80.00							
	Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupation EVP Aggregate	Year-to-Date ▼ 720.00	PAC Contribution							
В.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee.	State NY	Zip Code 14534	Date of Receipt 05 / 15 / 2015 Transaction ID : SA11AI.30558 Amount of Each Receipt this Period 80.00							
	Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) v	Occupation EVP Aggregate	Year-to-Date ▼ 800.00	PAC Contribution							
C.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 3 Park Forest Drive City	State	Zip Code	Date of Receipt							
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PAGE 18 OF

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TIEMIZED RECEIPTS	for each category of Detailed Summary	Page 11a 11b 11c 12
		d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa		
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee.	State Zip Code NY 14534	Date of Receipt Date of Receipt Dot 2015 Transaction ID : SA11AI.30560 Amount of Each Receipt this Period 80.00
Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) V	Occupation EVP Aggregate Year-to-Date ▼	960.00 PAC Contribution
Full Name (Last, First, Middle Initial) B. Patrick Glavey Mailing Address 3 Park Forest Drive City	State Zip Code	Date of Receipt
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Full Name (Last, First, Middle Initial) Openise Gonick Mailing Address 332 Torquay Blvd. City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State NY Zip Code 12203 C Occupation President & CEO Aggregate Year-to-Date ▼	Date of Receipt 02 06 2015 Transaction ID : SA11AI.30565 Amount of Each Receipt this Period 80.00 PAC Contribution
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SCHEDULE A	(FEC Form 3X)
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PAGE 19 OF

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b	11c	12	17	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	deral PAC								
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City Albany FEC ID number of contributing	State NY	Zip Code 12203					: SA11AI Receipt tl	his Perio	d 0.00
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MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	President & Aggregate	CEO Year-to-Date ▼ 320.00]						
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C. Denise Gonick Mailing Address 332 Torquay Blvd.				Date o	of Re	eceipt 20		2015	Y
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PAGE 20 OF

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PAGE 21 OF

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b	11c	F	12 16	17
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form	3X)
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PAGE 22 OF

44

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b		11c	12		17
	ny information copied from such Reports and s for commercial purposes, other than using the			for the		rpose		soliciting	g contri	ibuti	ons	
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в.	Full Name (Last, First, Middle Initial) Rosemarie Hogan				Date o	of R	eceipt	t				
	Mailing Address 45 Crestwood Drive				[™] 104	Л		03	/ Y	2015		Y
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<u>с</u> .	Full Name (Last, First, Middle Initial) Rosemarie Hogan				Date o	of R	eceipt	t				
	Mailing Address 45 Crestwood Drive				^M 04	M		D 17	/ Y	2015		Y
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PAGE 23 OF

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Full Name (Last, First, Middle Initial) A. Rosemarie Hogan			[Date of	f Re	ceipt				
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Primary General			11							
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Full Name (Last, First, Middle Initial) C. Rosemarie Hogan				Date of	f Re	ceipt				
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PAGE 24 OF

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в.	Full Name (Last, First, Middle Initial) Rosemarie Hogan				Date o	f Re	eceipt			
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	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]						
с.	Full Name (Last, First, Middle Initial) James Hopsicker				Date o	f Re	eceipt			
	Mailing Address 4209 Oakdale Court				м м 06	/	30		2015	Y
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PAGE 25 OF

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee.	State NY	Zip Code 14450	Date of Receipt 04 03 2015 Transaction ID : SA11AI.30641 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify)	Occupation Director Aggregate	Year-to-Date ▼ 210.00	PAC Contribution
B. Kevin Husted Mailing Address 38 Fox Hill Dr			Date of Receipt
City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 ✓ Primary General Other (specify) ▼	State NY C Occupation Director Aggregate	Zip Code 14450 Year-to-Date ▼ 240.00	Transaction ID : SA11AI.30642 Amount of Each Receipt this Period 30.00 PAC Contribution
Full Name (Last, First, Middle Initial) C. Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yrimary General Other (specify) ▼	State NY C Occupation Director Aggregate	Zip Code 14450 Year-to-Date ▼ 270.00	Date of Receipt
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PAGE 26 OF

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa			
Α.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr			Date of Receipt
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.30644
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer MVP Health Care Receipt For: 2016 Primary General	Occupation Director Aggregate	Year-to-Date ▼ 300.00	PAC Contribution
	Other (specify) ▼ Full Name (Last, First, Middle Initial) Kevin Husted			Date of Receipt
	Mailing Address 38 Fox Hill Dr	_		M M / D D / Y Y Y Y Y 05 29 2015
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.30645 Amount of Each Receipt this Period
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	Name of Employer MVP Health Care	Occupation Director		PAC Contribution
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	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.30646 Amount of Each Receipt this Period
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	Name of Employer MVP Health Care	Occupation Director	1	PAC Contribution
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3X) Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) PAGE 27 (check only one) X 11a 11b 11c 12 13 14 15 16					
ne name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.				
State Zip Code NY 14450	Date of Receipt Contemporation ID : SA11AI.30647 Amount of Each Receipt this Period 30.00				
Occupation Director Aggregate Year-to-Date ▼ 390.00	PAC Contribution				
State Zip Code NY 12189	Date of Receipt				
C Occupation VP Aggregate Year-to-Date ▼ 210.00	PAC Contribution				
State Zip Code NY 12189 C Occupation VP Aggregate Year-to-Date ▼ 260.00	Date of Receipt 04 17 2015 Transaction ID : SA11AI.30670 Amount of Each Receipt this Period 50.00 PAC Contribution				
	for each category of the Detailed Summary Page Statements may not be sold or used by an he name and address of any political comm PAC State Zip Code NY 14450 C Occupation Director Aggregate Year-to-Date ▼ State Zip Code NY 12189 C 210.00 Occupation YP Aggregate Year-to-Date ▼ State Zip Code NY 12189 C 210.00 VP Aggregate Year-to-Date ▼ State Zip Code NY 12189 C 210.00				

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SCHEDULE A	(FEC	Form	3X)
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PAGE 28 OF

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 64 Sutherland Drive City Watervliet	State NY	Zip Code 12189	Date of Receipt 05 01 2015 Transaction ID : SA11AI.30671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016	C Occupation VP Aggregate	Year-to-Date ▼ 310.00	PAC Contribution
Full Name (Last, First, Middle Initial) B. Dawn Jablonski Mailing Address 64 Sutherland Drive City Watervliet	State	Zip Code 12189	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016	C Occupation VP Aggregate	Year-to-Date ▼ 360.00	PAC Contribution
Full Name (Last, First, Middle Initial) C. Dawn Jablonski Mailing Address 64 Sutherland Drive City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Y Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 12189 Year-to-Date ▼ 410.00	Date of Receipt 05 29 2015 Transaction ID : SA11AI.30673 Amount of Each Receipt this Period 50.00 PAC Contribution
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SCHEDULE A	(FEC Form	3X)
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PAGE 29 OF

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TIEMIZED RECEIPTS	IEMIZED RECEIPTS for each categ Detailed Summ			11a		11b 14	11c	12	1 -7					
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed														
Full Name (Last, First, Middle Initial) A. Dawn Jablonski Mailing Address 64 Sutherland Drive City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yermary General Other (specify) ▼	State NY C Occupation VP Aggregate	Zip Code 12189 Year-to-Date ▼ 460.00			sact it of	tion ID Each I		his Perio						
B. Full Name (Last, First, Middle Initial) Mailing Address 64 Sutherland Drive				Date o	of Re	eceipt		_2015	Ŷ					
City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General	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 Aggregate Year-to-Date ▼						Transaction ID : SA11AI.30675 Amount of Each Receipt this Period 50.00 PAC Contribution							
Cother (specify) ▼ Full Name (Last, First, Middle Initial) C. Matthew Mackinnon Mailing Address 1523 East Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	State NY C Occupation VP Aggregate	510.00 Zip Code 14610 Year-to-Date ▼ 220.00			sact it of	tion ID Each I		his Perio 2						
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
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PAGE 30 OF

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TIEMIZED RECEIPTS	TIMIZED RECEIPTS for each category Detailed Summary			11a 13		11b 14	11c	12	1 17					
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	-													
Full Name (Last, First, Middle Initial) A. Matthew Mackinnon Mailing Address 1523 East Avenue			D	ate of	_	ceipt		2015	Y					
City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.30788 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С					7	7	2	0.00					
Name of Employer MVP Health Care	Occupation VP		PA	AC Co	ntrib	oution								
Receipt For: 2016 X Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]											
Full Name (Last, First, Middle Initial) B. Matthew Mackinnon			D	ate of	f Re	ceipt								
Mailing Address 1523 East Avenue				м м 06	/	26		ү ү 2015	Y					
City Rochester	State NY	Zip Code 14610					: SA11AI. Receipt th		4					
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Name of Employer MVP Health Care	Occupation VP		PA	PAC Contribution										
Receipt For: 2016	Aggregate	Year-to-Date ▼ 260.00]											
Full Name (Last, First, Middle Initial) C. Augusta Martin			D	ate of	f Re	ceipt								
Mailing Address 113 Kaydeross Park Roa	ad			м м 04	/	D 03		y y 2015	Y					
City Saratoga Springs	State NY	Zip Code 12866		Transaction ID : SA11AI.30799 Amount of Each Receipt this Period 30.00										
FEC ID number of contributing federal political committee.	C													
Name of Employer	Occupation	P#	AC Co	ntrib	oution									
MVP Health Care	VP													
Receipt For: 2016 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00												
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC						
Full Name (Last, First, Middle Initial)			Date of	of Receipt			
Mailing Address 113 Kaydeross Park Road	d		04		D / Y	2015	
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Saratoga Springs	NY	12866			Receipt th		d
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Full Name (Last, First, Middle Initial) B. Augusta Martin			Date of	of Receipt			
Mailing Address 113 Kaydeross Park Road			05		D / Y	у у 2015	Y
City	State	Zip Code	Tran	saction ID	: SA11AI.	30801	
Saratoga Springs	NY	12866	Amour	nt of Each	Receipt th	nis Perio	d
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Name of Employer MVP Health Care	Occupatio VP	n	PAC Co	ontribution			
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Mailing Address 113 Kaydeross Park Road	d		05		D / Y	2015	Y
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Saratoga Springs	NY	12866	Amour	nt of Each	Receipt th	nis Perio	d
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Name of Employer	Occupatio	n		ontribution			
MVP Health Care	VP						
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Primary General	, iggi ogaite						
Other (specify)		300.00					

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Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	e name and address of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 113 Kaydeross Park Road		Date of Receipt
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.30803 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 PAC Contribution
Name of Employer MVP Health Care Receipt For: 2016	Occupation VP Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) B. Augusta Martin Mailing Address 113 Kaydeross Park Road		Date of Receipt
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.30804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	PAC Contribution
Name of Employer MVP Health Care Receipt For: 2016	Occupation VP	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00]
Full Name (Last, First, Middle Initial) C. Augusta Martin Mailing Address 113 Kaydeross Park Road		Date of Receipt
City Saratoga Springs	State Zip Code NY 12866	06 26 2015 Transaction ID : SA11AI.30805 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	PAC Contribution
Name of Employer MVP Health Care	Occupation VP	

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SCHEDULE A	(FEC Form 3X)
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PAGE 33 OF

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Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any ne name and address of any political committ	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary General Other (specify) ▼	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 06 2015 Transaction ID : SA11AI.30824 Amount of Each Receipt this Period 50.00 PAC Contribution
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary □ General Other (specify) ▼	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Transaction ID : SA11AI.30825 Amount of Each Receipt this Period 50.00 PAC Contribution
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Yerimary Other (specify) ▼	State Zip Code NY 14626 C Occupation VP Aggregate Year-to-Date ▼ 350.00	Date of Receipt 04 03 2015 Transaction ID : SA11AI.30826 Amount of Each Receipt this Period 50.00 PAC Contribution
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 OF (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16			
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and 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	her than using the name and address of any political committee to solicit contributions from such committee. Full) nc. Federal PAC lle Initial) Date of Receipt				

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Α.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		04 17 2015
	City	State Zip Code	Transaction ID : SA11AI.30827
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	PAC Contribution
	MVP Health Care	VP	
	Receipt For: 2016	Aggregate Veer to Date T	-
	V Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	400.00	
В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 21 Joellen Drive		05 01 2015
	City	State Zip Code	Transaction ID : SA11AI.30828
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP Health Care	Occupation VP	PAC Contribution
	Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
С.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		05 15 _2015 _
	City	State Zip Code	Transaction ID : SA11AI.30829
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer	Occupation	PAC Contribution
	MVP Health Care	VP	
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	Primary General	Aggregate Year-to-Date ▼	
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SCHEDULE A (FEC Form 3X)	
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35 OF

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44

14 13 15 16 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) Α. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M M / 05 2015 29 City State Zip Code Transaction ID : SA11AI.30830 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. **PAC** Contribution Name of Employer Occupation **MVP Health Care** VP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M M 06 12 2015 City State Zip Code Transaction ID : SA11AI.30831 Rochester NY 14626 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. PAC Contribution Name of Employer Occupation **MVP Health Care** VP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General \mathbf{N} 600.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M = M / D 06 26 2015 City Zip Code State Transaction ID : SA11AI.30832 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. **PAC Contribution** Name of Employer Occupation VP **MVP Health Care** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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A. Daniel			Date of Receipt
City	Address 160 Fifth Avenue	State Zip Code NY 12866	04 03 2015 Transaction ID : SA11AI.31003
FEC ID	a Springs number of contributing volitical committee.	NY 12866	Amount of Each Receipt this Period 30.00
MVP Hea Receipt	Employer alth Care For: 2016 mary General her (specify) _	Occupation VP Aggregate Year-to-Date ▼ 210.00	PAC Contribution
B. Daniel Mailing A City Saratoga FEC ID	ne (Last, First, Middle Initial) I Sauer Address 160 Fifth Avenue a Springs number of contributing political committee.	State Zip Code NY 12866	Date of Receipt 04 17 2015 Transaction ID : SA11AI.31004 Amount of Each Receipt this Period 30.00
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c . Danie	ne (Last, First, Middle Initial) Sauer Address 160 Fifth Avenue		Date of Receipt
FEC ID federal p Name of MVP Hea Receipt	a Springs number of contributing political committee. Employer alth Care For: 2016 mary General	State Zip Code NY 12866 C Occupation VP Aggregate Year-to-Date ▼	05 01 2015 Transaction ID : SA11AI.31005 Amount of Each Receipt this Period 30.00 PAC Contribution

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) A. Daniel Sauer			Date of Receipt
Mailing Address 160 Fifth Avenue	State	Zip Code	05 15 2015 Transaction ID : SA11AI.31006
Saratoga Springs	NY	12866	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	1	PAC Contribution
Receipt For: 2016 X Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
Full Name (Last, First, Middle Initial) B. Daniel Sauer			Date of Receipt
Mailing Address 160 Fifth Avenue			M = M / D = D / Y = Y = Y = Y Y 05 29 2015
City	State NY	Zip Code	Transaction ID : SA11AI.31007
Saratoga Springs FEC ID number of contributing federal political committee.	С	12866	Amount of Each Receipt this Period
Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution
Receipt For: 2016 X Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]
Full Name (Last, First, Middle Initial) C. Daniel Sauer			Date of Receipt
Mailing Address 160 Fifth Avenue			06 12 / Y Y Y Y
City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.31008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC		
Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
Mailing Address 160 Fifth Avenue			06 26 _ 2015 _
City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.31009 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP Health Care	Occupation VP	1	PAC Contribution
Receipt For: 2016 → Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
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Name of Employer	Occupation	1	
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FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation	1	_
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Primary

Other (specify)

General

SCHEDULE A	(FEC	Form	3X)
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PAGE 39 OF

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Α.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247					of R		D	/ Y		Y	Y	
	City Kinderhook	State NY	Zip Code 12106	-					SA16.31 eceipt th	1264	015 eriod	_	
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\setminus	NAME OF COMMITTEE (In Full)															
\square	MVP Health Care Inc. Federal PA	C														
A.	Full Name (Last, First, Middle Initial) AHIP PAC Administrative Account						[Date of	f Dis							
	Mailing Address 601 Pennsylvania Avenue, NW		04 / D D / Y Y Y Y 2015													
	Washington	State DC	Zip Code 20004					Trans	acti	on II	D :	SB23.	31234	4		
	Purpose of Disbursement			0	11		A	Amoun	t of	Fach	ιD)isburs	emen	t this	Period	
	Candidate Name			Cate						Laoi			Jinion	t tino		
	Alamo PAC				ype	y/				7		_	500	0.00		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General													
В.	Full Name (Last, First, Middle Initial) COLLINS FOR CONGRESS						[Date of	f Dis							
	Mailing Address PO BOX 386							06 01 2015								
	CLARENCE	State NY	Zip Code 14031				Transaction ID : SB23.31241									
	Purpose of Disbursement			0)11		Amount of Each Disbursement this Period								Period	
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	CHRISTOPHER C COLLINS				ype	<i>J</i> .				7	-	1000.00				
		ment For: Primary Other (spe	General													
_	Full Name (Last, First, Middle Initial)															
C.	ELISE FOR CONGRESS						[Date of	f Dis	sburs	em	nent				
	Mailing Address PO BOX 338							06	/		01			015	Y	
	5	State NY	Zip Code					Trans	acti	ion II	D :	SB23.	3125	2		
	WILLSBORO Purpose of Disbursement		12996	_	_	_										
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	Candidate Name ELISE M STEFANIK			Cate	egor ype	ry/	1								0.00	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General) 0					5						
	State: NY District: 21							_	-				_	_	_	
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S	CHEDULE B (FEC Form 3X)			F	OR		: NI	JMBER:				P	AGE	41	OF 44
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\mathbb{N}	NAME OF COMMITTEE (In Full)	_													
	MVP Health Care Inc. Federal PAC	C													
Α.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER							Date o	f Dis	sburs	er	nent			
	Mailing Address 192 LEXINGTON AVENUE SUITE	1001					-	01	/	D	20			015	Y
	NEW YORK	State NY	Zip Code 10016					Trans	acti	ion II):	SB23.	3122	8	
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В.	Full Name (Last, First, Middle Initial) KATKO FOR CONGRESS							Date o	f Dis	sburs	er	nent			
	Mailing Address 5407 ANVIL DRIVE						03 / D D / Y Y Y Y 16 2015								
	CAMILLUS	State NY	Zip Code 13031					Trans	sact	ion II	D :	SB23.	3129	9	
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		Primary Other (sp	General												
_	Full Name (Last, First, Middle Initial)						+								
C.	KATKO FOR CONGRESS							Date o						(Y	
	Mailing Address 5407 ANVIL DRIVE					06	/	D	01			015	Y		
	CityStateZip CodeCAMILLUSNY13031						Transaction ID : SB23.31300			0					
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	Candidate Name JOHN M KATKO					011 Amount of E Category/ Type			Each	Each Disbursement this Period 1000.00					
	Office Sought: House Disburser Senate President	ment For: Primary Other (sp	General		уре		_			7		7	_		
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SC	HEDULE B (FEC Form 3X)			FOR		NUMBER: PAGE 42 OF 44		
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\backslash	NAME OF COMMITTEE (In Full)							
	MVP Health Care Inc. Federal PAC	<u> </u>						
_	Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS					Date of Disbursement		
	Mailing Address 911 CENTRAL AVENUE PO BOX 221					06 / 01 / Y Y Y Y 06 / 01		
	ALBANY	State NY	Zip Code 12206			Transaction ID : SB23.31237		
	Purpose of Disbursement			011	1	Amount of Each Disbursement this Period		
	Candidate Name PAUL DAVID TONKO			Catego Type		1000.00		
		ment For: Primary Other (sp	General					
	State: NY District: 20							
	Full Name (Last, First, Middle Initial) RICHARD HANNA FOR CONGRE	ESS CC	MMITTEE			Date of Disbursement		
	Mailing Address 2308 GENESEE STREET			06 01 2015				
	UTICA	State NY	Zip Code 13502			Transaction ID : SB23.31236		
	Purpose of Disbursement			011	1	Amount of Each Disbursement this Period		
	Candidate Name			Catego	ory/	1000.00		
	RICHARD HANNA Office Sought: Y House Disburser	ment For:	1000	Туре	e	1000.00		
	Senate X President	Primary Other (sp	1000 General ecify) ▼					
	State: NY District: 22 Full Name (Last, First, Middle Initial)							
C.	SEAN PATRICK MALONEY FOR	CONG	RESS			Date of Disbursement		
	Mailing Address PO BOX 270			06 01 Y Y Y Y Y 2015				
	City NEWBURGH	State NY	Zip Code 12550			Transaction ID : SB23.31302		
	Purpose of Disbursement	12000	_	_				
	Candidate Name	011 Catego	ory/	Amount of Each Disbursement this Period 1000.00				
		ment For:	2016	Туре	e			
	Senate President	Primary Other (sp	General					
	State: NY District: 18							
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S	CHEDULE B (FEC Form 3X)			F	OR		NUMBER	:			PAGE	43	OF	44
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\land	NAME OF COMMITTEE (In Full)	-												
	MVP Health Care Inc. Federal PAC													
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А.	TOM REED FOR CONGRESS						Date o	_	sburse			YY	V	
	Mailing Address PO BOX 391						03	ĺ	1			2015		
	5	State NY	Zip Code				Trans	sacti	ion ID	: SB	23.312	30		
	GENEVA Purpose of Disbursement	INT	14456		_	_								
	Political Contribution			0)11		Amour	t of	Each	Disb	urseme	nt this	Peric	bd
	Candidate Name THOMAS W II REED			Cate								100	0.00	
		ment For:	2016		ype				7		7			
	Senate X	Primary	General											
	State: NY District: 23	Other (spe	cify) 🔻											
	Full Name (Last, First, Middle Initial)													
В.	TOM REED FOR CONGRESS							Date of Disbursement						
	Mailing Address DO DOV 201													
	Mailing Address PO BOX 391													
	City GENEVA	State NY	Zip Code 14456				Tran	sact	ion ID	: SE	823.312	38		
	Purpose of Disbursement						A		Teeb	Diek			Devie	
	Candidate Name)11		Amour		Each	Disb	urseme	ni unis	Penc	ba
	THOMAS W II REED			Cate Ty	ype				7			100	0.00	
		ment For: Primary	2016 General											
	President	Other (spe												
	State: NY District: 23													
C.	Full Name (Last, First, Middle Initial)						Date o	fDid	buree	mon	+			
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	Mailing Address								L.		L.			
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	Candidate Name Catego Typ											٦		
	Office Sought: House Disbursement For:								7		-7			
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⊢	State: District:								7	-	3	2000		

SCHEDULE D (DEBTS AND OB Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 44 OF 44 FOR LINE NUMBER: 9 (check only one) 9 X 10
NAME OF COMMITTEE	e Inc. Federal PAC			
	First, Middle Initial) of Debto	r or Creditor	Nature of Check Pri	Debt (Purpose): nting
Mailing Address P.C	O. Box 742572			
City State Cincinnati		Zip Code OH 45274		
Outstanding Balan	ce Beginning This Period 145.00		Transac	tion ID : SD10.4163
Amount Inc	curred This Period 0.00	Payment This Perio	0.00 Outstand	ing Balance at Close of This Period 145.00
B. Full Name (Last, I Media Well I	First, Middle Initial) of Debtor Done	or Creditor	Nature of Advertisin	Debt (Purpose): g
Mailing Address 96	Jay Street			
City State Schenectady		Zip Code NY 12305		
Outstanding Balan	ce Beginning This Period		Transac	tion ID : SD10.4165
	338.00			
	338.00 curred This Period	Payment This Perio	od Outstand	ing Balance at Close of This Period
		Payment This Perio	0.00 Outstand	ing Balance at Close of This Period 338.00
Amount Inc	curred This Period	1 1 1 1 1 1	0.00	
Amount Inc	curred This Period 0.00	1 1 1 1 1 1	0.00	338.00
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C. Full Name (Last, Mailing Address City	curred This Period 0.00	r or Creditor	0.00	338.00
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Amount Inc Amount Inc C. Full Name (Last, Mailing Address City Outstanding Balan	curred This Period 0.00 First, Middle Initial) of Debto	r or Creditor State Zip Code	0.00 Nature of	338.00 Debt (Purpose):
C. Full Name (Last, Mailing Address City Outstanding Balan Amount Inc	curred This Period 0.00 First, Middle Initial) of Debto	r or Creditor State Zip Code	0.00 Nature of outstand	338.00 Debt (Purpose):
C. Full Name (Last, Mailing Address City Outstanding Balan Amount Inc	curred This Period 0.00 First, Middle Initial) of Debto ace Beginning This Period curred This Period Period This Page (optional)	r or Creditor State Zip Code Payment This Period	0.00 Nature of outstand	338.00 Debt (Purpose):
Amount Inc Amount Inc C. Full Name (Last, Mailing Address City Outstanding Balan Amount Inc 1) SUBTOTALS This F 2) TOTALS This Period	curred This Period 0.00 First, Middle Initial) of Debto nce Beginning This Period curred This Period Period This Page (optional) d (last page this line number	r or Creditor State Zip Code Payment This Period	0.00 Nature of a	338.00 Debt (Purpose): ing Balance at Close of This Period