Image# 14961531729 PAGE 1 / 44

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	monized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc.	Federal PAC		
ADDRESS (number and street)	625 State Street		
Check if different			
than previously reported. (ACC)	Schenectady		NY 12305 - L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
C C00431429		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\	YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	n on/	in the State of
5. Covering Period 04		through 06	M / D D / Y Y Y Y Y Y 30 30 2014
I certify that I have examined the	nis Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Jordan T Estey		
Signature of Treasurer Jord	an T Estey	[Electronically Filed]	Date 07 / 08 / 2014
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signin	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

O FEC <b>Form 3X</b> (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		<u>-</u>
MVP Health Care Inc. Federal PAC	;	
Report Covering the Period: From: 04	01 2014	To: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		74818.34
(b) Cash on Hand at  Beginning of Reporting Period	62962.34	
(c) Total Receipts (from Line 19)	7227.00	13871.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70189.34	88689.34
7. Total Disbursements (from Line 31)	13520.00	32020.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56669.34	56669.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY     the Committee (Itemize all on     Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	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)

Write or Type Committee Name

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

R	eport Covering the Period: From: 04	/ D D / Y Y Y Y Y Y TO:	06 30 / 2014
	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)	4450.00	5510.00
	(ii) Unitemized(iii) TOTAL (add	2777.00	8361.00
	Lines 11(a)(i) and (ii)▶	7227.00	13871.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  Transfers From Affiliated/Other	7227.00	13871.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
47	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	7227.00	13871.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	7227.00	13871.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) New Federal Chare	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
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		
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	13500.00	32000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)	7			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Ē	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	20.00	20.00		
Thai i shibai committees		7 7		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees		0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	20.00	20.00		
=				
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		
/// // A	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))	13520.00	32020.00		
, , , , , , , , , , , , , , , , , , , ,	7	32020.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	10500.00	20000 00		
from Line 31)	13520.00	32020.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7227.00	13871.00		
4. Total Contribution Refunds (from Line 28(d))	20.00	20.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7207.00	13851.00		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

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

			NUMBER	:	PAGE	6	OF	44
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		13	14		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. Federa	al PAC	
Full Name (Last, First, Middle Initial)  Karla Austen  Mailing Address 25 Carriage House La.		Date of Receipt
City Saratoga Spgs.	State Zip Code NY 12866	04 04 2014  Transaction ID : SA11AI.28086  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial)  3. Karla Austen  Mailing Address 25 Carriage House La.		Date of Receipt
City Saratoga Spgs.	04 18 2014  Transaction ID : SA11AI.28087  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	60.00	
Name of Employer MVP Health Care Receipt For:	Occupation  EVP, Network Management	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial)  C. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.	70.0.4	05 02 2014
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.28088  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)	· 	180.00
TOTAL This Period (last page this line numb	per only)	

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  Karla Austen  Mailing Address 25 Carriage House La.		Date of Receipt  05 16 2014
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.28089  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer  MVP Health Care  Receipt For:  Primary General  Other (specify) ▼	Occupation EVP, Network Management  Aggregate Year-to-Date ▼  600.00	
Full Name (Last, First, Middle Initial)  Austen  Mailing Address 25 Carriage House La.		Date of Receipt  05 30 2014
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.28090  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	Occupation EVP, Network Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial)  C. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		06 13 2014 _
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.28091  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation  EVP, Network Management	
MVP Health Care  Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  720.00	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line numbe	er only)	

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

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or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial)  A. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		06 27 2014
City	State Zip Code	Transaction ID : SA11AI.28092
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	+
MVP Health Care	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify)	780.00	
Full Name (Last, First, Middle Initial)  Sue Brown		Date of Receipt
Mailing Address 9 Wembly Ct.		M = M / D = D / Y = Y = Y
City	State Zip Code	04 04 2014
Delmar	NY 12054	Transaction ID : SA11AI.28107  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each freedipt this Fellou
federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial)  C. Sue Brown	<u> </u>	Date of Receipt
Mailing Address 9 Wembly Ct.		04 18 2014
City	State Zip Code	Transaction ID : SA11AI.28108
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	+
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	040.00	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (option	al)	120.00
TOTAL This Desired flood on 1921 P	and any end of	
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF (check only one)

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 2014 02 City Zip Code State Transaction ID: SA11AI.28109 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 05 16 2014 City State Zip Code Transaction ID: SA11AI.28110 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 30 05 2014 City Zip Code State Transaction ID: SA11AI.28111 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP, EPMO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOR LINE	NUMBER:	PAGE	= 10 OF	- 4
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  Sue Brown  Mailing Address 9 Wembly Ct.		Date of Receipt
City Delmar	State Zip Code NY 12054	06 13 2014  Transaction ID : SA11AI.28112  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	30.00
MVP Health Care, Inc.  Receipt For:  Primary General  Other (specify)	VP, EPMO  Aggregate Year-to-Date ▼  360.00	-
Full Name (Last, First, Middle Initial)  Carl Cameron  Mailing Address 285 Willowcrest Drive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14618	Transaction ID : SA11AI.28113 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive	7.0.1	04 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14618	Transaction ID : SA11AI.28114  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation  VP Medical Director	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line numb	er only)	

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2014 02 City Zip Code State Transaction ID: SA11AI.28115 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 05 16 2014 City State Zip Code Transaction ID: SA11AI.28116 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 30 05 2014 City Zip Code State Transaction ID: SA11AI.28117 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Medical Director** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2014 06 City Zip Code State Transaction ID: SA11AI.28118 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 06 27 2014 City State Zip Code Transaction ID: SA11AI.28119 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 04 04 2014 City Zip Code State Transaction ID: SA11AI.28148 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 13 OF 44 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 30 2014 City State Zip Code Transaction ID: SA11AI.28152 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 06 13 2014 City State Zip Code Transaction ID: SA11AI.28153 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 06 27 2014 City State Zip Code Transaction ID: SA11AI.28154 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 15 OF 44 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 04 04 2014 City Zip Code State Transaction ID: SA11AI.28197 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 04 18 2014 City State Zip Code Transaction ID: SA11AI.28198 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 05 2014 City Zip Code State Transaction ID: SA11AI.28199 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  Patrick Glavey  Mailing Address 165 Windemere Road		Date of Receipt  05 16 2014
City Rochester  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  □ Primary □ General  Other (specify) ▼	State Zip Code NY 14610  C  Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  800.00	Transaction ID : SA11AI.28200  Amount of Each Receipt this Period  80.00
Full Name (Last, First, Middle Initial)  Patrick Glavey  Mailing Address 165 Windemere Road  City  Rochester  FEC ID number of contributing federal political committee.	State Zip Code NY 14610	Date of Receipt  05 30 2014  Transaction ID : SA11AI.28201  Amount of Each Receipt this Period  80.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  880.00	
Full Name (Last, First, Middle Initial) Patrick Glavey  Mailing Address 165 Windemere Road  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14610  C  Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  960.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		06 27 2014
City	State Zip Code	Transaction ID : SA11AI.28203
Rochester	NY 14610	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	+
MVP	VP, Medicare Products	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1040.00	
Full Name (Last, First, Middle Initial)  Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		04
City	State Zip Code	Transaction ID : SA11AI.28204
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	560.00	
Full Name (Last, First, Middle Initial)  Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		04 18 2014
City	State Zip Code	Transaction ID : SA11AI.28205
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	+
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	640.00	
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	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial)  Denise Gonick  Mailing Address 803 Via Marchella		Date of Receipt
	Otata Zin On the	05 02 2014
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.28206  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer  MVP Health Care, Inc.  Receipt For:  Primary General  Other (coedify)	Occupation  EVP & Chief Legal Officer  Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial)  3. Denise Gonick	720.00	Date of Receipt
Mailing Address 803 Via Marchella		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.28207  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name (Last, First, Middle Initial)  Denise Gonick	1	Date of Receipt
Mailing Address 803 Via Marchella		05 30 _2014 _
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.28208  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
MVP Health Care, Inc. Receipt For:	EVP & Chief Legal Officer  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	880.00	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 04 2014 City State Zip Code Transaction ID: SA11AI.28233 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)  $\blacktriangledown$ 240.00 Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 2014 05 02 City State Zip Code Transaction ID: SA11AI.28234 Schenectady NY 12306 Amount of Each Receipt this Period FEC ID number of contributing

federal political committee.	C	30.00
Name of Employer MVP Receipt For:  Primary General Other (specify) ▼	Occupation Administrative  Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial)  C. Rosemarie Hogan  Mailing Address 45 Crestwood Drive		Date of Receipt  05 16 2014
City Schenectady  FEC ID number of contributing federal political committee.	State Zip Code NY 12306	Transaction ID : SA11AI.28235  Amount of Each Receipt this Period  30.00
Name of Employer  MVP  Receipt For:  Primary General  Other (specify) ▼	Occupation Administrative  Aggregate Year-to-Date ▼  300.00	
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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Rosemarie Hogan  Mailing Address 45 Crestwood Drive  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer  MVP Receipt For:  Primary General Other (specify)	State Zip Code NY 12306  C  Occupation Administrative  Aggregate Year-to-Date ▼	Date of Receipt    M M M
Full Name (Last, First, Middle Initial)  Rosemarie Hogan  Mailing Address 45 Crestwood Drive  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12306  C  Occupation Administrative  Aggregate Year-to-Date ▼  360.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Rosemarie Hogan  Mailing Address 45 Crestwood Drive  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12306  C  Occupation Administrative  Aggregate Year-to-Date ▼  390.00	Date of Receipt  06 27 2014  Transaction ID : SA11AI.28238  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional	)	90.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 04 2014 City Zip Code State Transaction ID: SA11AI.28246 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 18 2014 City State Zip Code Transaction ID: SA11AI.28247 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 02 05 2014 City Zip Code State Transaction ID: SA11AI.28248 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Full Name (Last, First, Middle Initial)  Kevin Husted  Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date ▼  300.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial)  Kevin Husted  Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date ▼  330.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Kevin Husted  Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date ▼  360.00	Date of Receipt    M
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Several Husted   Sate   Several Drive	,	ral PAC	
City State Zip Code NY 14450  FEC 1D number of contributing tederal political committee.  C	Kevin Husted		<u> </u>
Faci ID number of contributing tederal political committee.  City  State Zip Code Albany  NYP Health Care  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dawn Jablonski  City  State Zip Code Albany  NY 12208  FEC ID number of contributing tederal political committee.  City  State Zip Code Albany  NY 12208  FEC ID number of contributing tederal political committee.  City  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  City  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Bate of Receipt This Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing the primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Bate of Receipt This Period  Amount of Each Receipt This Period  Amount of Each Receipt This Period  FEC ID number of contributing the primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Bate of Receipt This Period  Amount of Each Receipt This Period	waining Address 38 Fox Hill Drive		
Some   Employer   Cocupation   VP   Information Technology   Receipt For:	,		
MVP Receipt For:    Primary   General   Aggregate Year-to-Date ▼	•	C	30.00
Date of Receipt    Date of Receipt	MVP Receipt For: Primary General	VP Information Technology  Aggregate Year-to-Date ▼  390.00	
City State Zip Code NY 12208  Albany NY 12208  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C	. Dawn Jablonski		<u> </u>
FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date  Name of Employer Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City State Zip Code NY 12208  Albany NY 12208  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For:  Primary General Occupation  VP of Legal Affairs  Aggregate Year-to-Date  Aggregate Y	City		Transaction ID : SA11AI.28260
MVP Health Care    Primary   General   Other (specify)   ✓   210.00	FEC ID number of contributing		
Primary General Other (specify) ▼	MVP Health Care	<u>'</u>	
Dawn Jablonski  Mailing Address 213 Hansen Ave  City State Zip Code Albany NY 12208  FEC ID number of contributing federal political committee.  Name of Employer Occupation  MVP Health Care Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional).  Date of Receipt  M	Primary General		
Mailing Address 213 Hansen Ave  City State Zip Code NY 12208  FEC ID number of contributing federal political committee.  Name of Employer Occupation VP of Legal Affairs  Receipt For: Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  Mind 18 2014  Transaction ID: SA11Al.28261  Amount of Each Receipt this Period  30.00			Date of Receipt
Albany  REC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary  Other (specify)   Aggregate Year-to-Date   Aggregate Year-to-Date   240.00  Amount of Each Receipt this Period  30.00  30.00			M = M / D = D / Y = Y = Y
FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary  General  Other (specify) ▼   Occupation  VP of Legal Affairs  Aggregate Year-to-Date ▼  240.00   90.00	,		Transaction ID : SA11AI.28261
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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		05 02 2014
City Albany	State Zip Code NY 12208	Transaction ID : SA11AI.28262  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer  MVP Health Care  Receipt For:  Primary General  Other (specify)	Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave		Date of Receipt
City Albany	State Zip Code NY 12208	Transaction ID : SA11AI.28263  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 213 Hansen Ave		05 30 2014
City Albany	State Zip Code NY 12208	Transaction ID : SA11Al.28264  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care Receipt For:	VP of Legal Affairs	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	
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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City Albany	State Zip Code NY 12208	Date of Receipt  06 13 2014  Transaction ID : SA11AI.28265  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary General  Other (specify)	Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼  360.00	30.00
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City	State Zip Code	Date of Receipt    M M
Albany  FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary General  Other (specify)	NY 12208  C  Occupation  VP of Legal Affairs  Aggregate Year-to-Date ▼  390.00	Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial)  William V. Little  Mailing Address 300 Partridge Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify)	State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date ▼  210.00	Date of Receipt  M M M / 04 2014  Transaction ID: SA11AI.28305  Amount of Each Receipt this Period  30.00
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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal F	AC.	
Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte FEC ID number of contributing	VT 05445	Transaction ID : SA11AI.28306  Amount of Each Receipt this Period
federal political committee.  Name of Employer	Occupation	30.00
MVP Service Corp.  Receipt For:  Primary General  Other (specify)	VP Vermont  Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial)  William V. Little  Mailing Address 300 Partridge Lane		Date of Receipt
City Charlotte  FEC ID number of contributing federal political committee.	State Zip Code VT 05445	05 02 2014  Transaction ID : SA11AI.28307  Amount of Each Receipt this Period  30.00
Name of Employer MVP Service Corp.  Receipt For:  Primary General Other (specify) ▼	Occupation VP Vermont  Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial)  William V. Little  Mailing Address 300 Partridge Lane  City	State Zip Code	Date of Receipt  05 16 2014  Transaction ID: SA11AI.28308
Charlotte  FEC ID number of contributing federal political committee.	VT 05445	Amount of Each Receipt this Period
Name of Employer  MVP Service Corp.  Receipt For:  Primary General  Other (specify) ▼	Occupation VP Vermont  Aggregate Year-to-Date ▼  300.00	
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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial)  William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		05 30 2014
City	State Zip Code	Transaction ID : SA11AI.28309
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Service Corp.	VP Vermont	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	
Full Name (Last, First, Middle Initial)	330.00	
3. William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		M = M / D = D / Y = Y = Y
City	State Zip Code	06 13 2014
Charlotte	VT 05445	Transaction ID : SA11AI.28310  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Service Corp.	VP Vermont	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 300 Partridge Lane		06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code VT 05445	Transaction ID : SA11AI.28311  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Service Corp.	VP Vermont	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	390.00	
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue		Date of Receipt
Mailing Address 1330 Park Avenue		05 30 _ 2014 _
City	State Zip Code	Transaction ID : SA11AI.28344
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP Service Corp.	VP of Network Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial)  Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue		Date of Receipt
		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.28345
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP Service Corp.	VP of Network Operations	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)  C. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue	7. 6.	06 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.28346  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	-
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 04 04 2014 City State Zip Code Transaction ID: SA11AI.28347 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 04 18 2014 City State Zip Code Transaction ID: SA11AI.28348 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 02 05 2014 City State Zip Code Transaction ID: SA11AI.28349 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2014 16 City State Zip Code Transaction ID: SA11AI.28350 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 05 30 2014 City State Zip Code Transaction ID: SA11AI.28351 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin

Date of Receipt Mailing Address 457 Crescent Ave 2014 06 13 City State Zip Code Transaction ID: SA11AI.28352 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation **VP Marketing** MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 360.00

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FOR LINE NUMBER: PAGE 33 OF 44 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2014 02 City Zip Code State Transaction ID: SA11AI.28363 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 05 16 2014 City State Zip Code Transaction ID: SA11AI.28364 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 30 05 2014 City Zip Code State Transaction ID: SA11AI.28365 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2014 06 City Zip Code State Transaction ID: SA11AI.28366 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 06 27 2014 City State Zip Code Transaction ID: SA11AI.28367 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 04 04 2014 City Zip Code State Transaction ID: SA11AI.28410 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 04 2014 18 City Zip Code State Transaction ID: SA11AI.28411 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 02 2014 City State Zip Code Transaction ID: SA11AI.28412 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 16 2014 City Zip Code State Transaction ID: SA11AI.28413 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 30 2014 City Zip Code State Transaction ID: SA11AI.28414 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 06 13 2014 City State Zip Code Transaction ID: SA11AI.28415 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 30 05 2014 City Zip Code State Transaction ID: SA11AI.28462 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 2014 13 City State Zip Code Transaction ID: SA11AI.28463 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 04 2014 City State Zip Code Transaction ID: SA11AI.28492 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 18 2014 City Zip Code State Transaction ID: SA11AI.28493 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b 11c 12	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  A. Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt
01.	7.0.1	05 02 2014
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.28494
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00
Name of Employer  MVP Health Care	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial)  Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt
		05 16 2014
City	State Zip Code	Transaction ID : SA11AI.28495
Saratoga Springs  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
Name of Employer MVP Health Care	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Data of Bassist
Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt    M
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.28496
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00
Name of Employer	Occupation	-
MVP Health Care	VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number		

	FO	R LINE	NU	MBER	:	PAGE	: 3	39
Use separate schedule(s)	(ch	eck only	or or	ne)				
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial)  A. Daniel Sauer  Mailing Address, 160 Fifth Avenue		Date of Receipt
Mailing Address 160 Fifth Avenue		06 13 2014
City	State Zip Code	Transaction ID : SA11AI.28497
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial)	300.00	
3. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		06 27 2014
City	State Zip Code	Transaction ID : SA11AI.28498
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	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial)  C. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		04 04 2014
City Rochester	State Zip Code NY 14624	Transaction ID : SA11AI.28541  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
MVP Health Care	VP	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	350.00	
SUBTOTAL of Receipts This Page (optional	)	110.00
TOTAL This Period (last page this line numl	per only)	

	FOR LINE NUMBER:   PA	GE 40 OF 4
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Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes.	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott  Mailing Address 33 Everett Drive		Date of Receipt
City	State Zip Code	04 18 2014 Transaction ID : SA11Al.28542
Rochester	NY 14624	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	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		05 02 2014
City Rochester	State Zip Code NY 14624	Transaction ID : SA11AI.28543
FEC ID number of contributing federal political committee.	C 14024	Amount of Each Receipt this Period  50.00
Name of Employer MVP Health Care	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  C. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		05 16 2014
City Rochester	State Zip Code NY 14624	Transaction ID : SA11AI.28544  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
MVP Health Care Receipt For:	VP	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		150.00
TOTAL This Period (last page this line numb		

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ı		13		14		15		16			17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott  Mailing Address 33 Everett Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NY 14624  C Occupation	Date of Receipt  05 30 2014  Transaction ID : SA11Al.28545  Amount of Each Receipt this Period  50.00
MVP Health Care  Receipt For:  Primary General  Other (specify) ▼	VP Aggregate Year-to-Date ▼  550.00	
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott  Mailing Address 33 Everett Drive  City	State Zip Code	Date of Receipt    M M
Rochester  FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  □ Primary □ General  □ Other (specify) ▼	NY 14624  C  Occupation  VP  Aggregate Year-to-Date ▼  600.00	Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott  Mailing Address 33 Everett Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care Receipt For:  Primary General Other (specify)	State Zip Code NY 14624  C  Occupation VP  Aggregate Year-to-Date ▼  650.00	Date of Receipt  M M M / D D / 2014  Transaction ID : SA11AI.28547  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional)	) <b>&gt;</b>	150.00
TOTAL This Period (last page this line numb	per only)	4450.00

SCHEDULE B (FEC Form 3X)	Lico conorato achadula(=)		FOR LINE NUMBER: PAGE 42 OF 44					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			24 [			
		Summary Page	21b 27	22 28a	23 28b	24 28c	25 29	26 30
Any information copied from such Reports and Statem				on for the				
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
MVP Health Care Inc. Federal PAC	;							
Full Name (Last, First, Middle Initial)								
A. FRIENDS OF SCHUMER		Date of	f Disburse	ement				
	40-			M M	/ D		Y   Y	Υ
Mailing Address 192 LEXINGTON AVENUE SUITE 1001				05	2	29	2014	_
City	State	Zip Code						
NEW YORK	NY	10016		Trans	action ID	): SB23.274	98	
Purpose of Disbursement						D: 1		٠.
Candidata Nama			011	Amoun	t of Each	Disburseme	ent this P	eriod
Candidate Name CHARLES E SCHUMER			Category/				5000.	00
	nent For:	2016	Туре			7		
	Primary	General						
President	Other (spe							
State: NY District: 00								
Full Name (Last, First, Middle Initial)					D: :			
B. GILLIBRAND FOR SENATE					f Disburse			
Mailing Address 236 MASSACHUSETTS AVE NE				м = м 05	7 D 3	30 / Y	2014	Υ
Mailing Address 236 MASSACHUSETTS AVE NE SUITE 110				UO	ئا د	ىا ك	14	_
City	State	Zip Code		Trans	action ID	) : SB23.275	01	
	DC	20002		all	vii lb	0.213	-	
Purpose of Disbursement			011	Amount	of Fach	Disburseme	nt this 🗗	eriod
Candidate Name				. anoull	auII			
KIRSTEN ELIZABETH GILLIBRAN	ID		Category/ Type				2500	.00
Office Sought: House Disbursem	nent For:		· ·					
	Primary	General						
	Other (spe	ecity) 🔻						
State: NY District: 00								
Full Name (Last, First, Middle Initial)  C. OFF THE SIDELINES PAC				Date of	f Disburse	ment		
O. I THE GIDELINES FAC				M M	/ 0		YY	Υ
Mailing Address P.O. BOX 78182				06			2014	
City	No.1-	7:- 0 !						
,	State DC	Zip Code 20003		Trans	action ID	): SB23.275	04	
Purpose of Disbursement								
·			011	Amount	of Each	Disburseme	nt this P	'eriod
Candidate Name			Category/					
Office Sought	200° E	2011	Type				2500.	
	nent For: Primary	2014 General						
	Other (spe							
State: District:	(0)(	<i>31</i> ▼						
SUBTOTAL of Disbursements This Page (optional)							10000.	00
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TOTAL This Period (last page this line number only).						1 45 -		

SCHEDULE B (FEC Form 3X)		FOR LINE I	FOR LINE NUMBER: PAGE 43 OF 44				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b 27	22 X 23 24 25 25 28 28 28 29 3				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC	,						
Full Name (Last, First, Middle Initial)							
A. PAUL TONKO FOR CONGRESS	Date of Disbursement						
Mailing Address 911 CENTRAL AVENUE PO BOX 221			05 30 2014				
,	State Zip Code		Transaction ID : SB23.27492				
ALBANY Purpose of Disbursement	NY 12206						
Candidate Name		011	Amount of Each Disbursement this Period				
PAUL DAVID TONKO		Category/	1000.00				
	nent For: 2014	Туре	7				
Senate President	Primary						
State: NY District: 20							
Full Name (Last, First, Middle Initial)							
TOM REED FOR CONGRESS		Date of Disbursement					
Mailing Address PO BOX 391			05 30 2014				
GENEVA	State Zip Code NY 14456		Transaction ID : SB23.27489				
Purpose of Disbursement		011	Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	2500.00				
Senate	nent For: 2014  Primary						
State: NY District: 23							
Full Name (Last, First, Middle Initial)		Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y				
City	State Zip Code						
Purpose of Disbursement							
Candidate Name	Category/ Type	Amount of Each Disbursement this Period					
	nent For: Primary General Other (specify)						
State: District:	• • • •						
SUBTOTAL of Disbursements This Page (optional)			3500.00 13500.00				

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

44

44 OF

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