

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. 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

2. FEC IDENTIFICATION NUMBER C C00431429 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2014 through 06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jordan T Estey

Signature of Treasurer Jordan T Estey [Electronically Filed] Date 07 08 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="74818.34"/>	<input type="text" value="74818.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62962.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7227.00"/>	<input type="text" value="13871.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="70189.34"/>	<input type="text" value="88689.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13520.00"/>	<input type="text" value="32020.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56669.34"/>	<input type="text" value="56669.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="483.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4450.00	5510.00
(ii) Unitemized	2777.00	8361.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7227.00	13871.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7227.00	13871.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	32000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	20.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	20.00	20.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13520.00	32020.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7227.00	13871.00
34. Total Contribution Refunds (from Line 28(d))	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7207.00	13851.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 44
(check only one)
 11a 11b 11c 12
 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. Federal PAC

A. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.28086
 Amount of Each Receipt this Period
 60.00

B. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.28087
 Amount of Each Receipt this Period
 60.00

C. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11AI.28088
 Amount of Each Receipt this Period
 60.00

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

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

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

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

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

A. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.28089
 Amount of Each Receipt this Period
 60.00

B. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.28090
 Amount of Each Receipt this Period
 60.00

C. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.28091
 Amount of Each Receipt this Period
 60.00

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

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

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

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

A. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 27 / 2014
Transaction ID : SA11AI.28092
Amount of Each Receipt this Period 60.00

B. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 04 / 2014
Transaction ID : SA11AI.28107
Amount of Each Receipt this Period 30.00

C. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 18 / 2014
Transaction ID : SA11AI.28108
Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : SA11AI.28109
 Amount of Each Receipt this Period
 30.00

B. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.28110
 Amount of Each Receipt this Period
 30.00

C. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.28111
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.28112
 Amount of Each Receipt this Period
 30.00

B. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.28113
 Amount of Each Receipt this Period
 30.00

C. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.28114
 Amount of Each Receipt this Period
 30.00

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

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

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

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

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

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 05 / 02 / 2014
Transaction ID : SA11AI.28115

Amount of Each Receipt this Period
 30.00

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 16 / 2014
Transaction ID : SA11AI.28116

Amount of Each Receipt this Period
 30.00

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 05 / 30 / 2014
Transaction ID : SA11AI.28117

Amount of Each Receipt this Period
 30.00

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

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

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

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

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

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

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.28118

Amount of Each Receipt this Period
30.00

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

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.28119

Amount of Each Receipt this Period
30.00

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

Mailing Address 7723 Majestic Drive

City Liverpool State NY Zip Code 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.28148

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **100.00**

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

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Patricia Deferio
 Full Name (Last, First, Middle Initial)
 Mailing Address 7723 Majestic Drive
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Regional Network Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 04 / 18 / 2014
Transaction ID : SA11AI.28149
 Amount of Each Receipt this Period
 40.00

B. Patricia Deferio
 Full Name (Last, First, Middle Initial)
 Mailing Address 7723 Majestic Drive
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Regional Network Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 05 / 02 / 2014
Transaction ID : SA11AI.28150
 Amount of Each Receipt this Period
 40.00

C. Patricia Deferio
 Full Name (Last, First, Middle Initial)
 Mailing Address 7723 Majestic Drive
 City Liverpool State NY Zip Code 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Regional Network Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 05 / 16 / 2014
Transaction ID : SA11AI.28151
 Amount of Each Receipt this Period
 40.00

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

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

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

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

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

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : SA11AI.28152

Amount of Each Receipt this Period
40.00

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

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.28153

Amount of Each Receipt this Period
40.00

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

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.28154

Amount of Each Receipt this Period
40.00

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

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

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

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

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2014

Transaction ID : SA11AI.28197

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

Transaction ID : SA11AI.28198

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11AI.28199

Amount of Each Receipt this Period
80.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 44
(check only one)

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

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.28200

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
880.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : SA11AI.28201

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.28202

Amount of Each Receipt this Period
80.00

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

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

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

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

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

Mailing Address 165 Windemere Road

City	State	Zip Code
Rochester	NY	14610

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

Name of Employer	Occupation
MVP	VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.28203

Amount of Each Receipt this Period
80.00

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

Mailing Address 803 Via Marchella

City	State	Zip Code
Schenectady	NY	12303

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

Name of Employer	Occupation
MVP Health Care, Inc.	EVP & Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	04	/	2014

Transaction ID : SA11AI.28204

Amount of Each Receipt this Period
80.00

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

Mailing Address 803 Via Marchella

City	State	Zip Code
Schenectady	NY	12303

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

Name of Employer	Occupation
MVP Health Care, Inc.	EVP & Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

Transaction ID : SA11AI.28205

Amount of Each Receipt this Period
80.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28206
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28207
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.28208
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="880.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

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

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Health Care, Inc. Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **06 / 13 / 2014**

Transaction ID : SA11AI.28209

Amount of Each Receipt this Period **80.00**

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Health Care, Inc. Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt **06 / 27 / 2014**

Transaction ID : SA11AI.28210

Amount of Each Receipt this Period **80.00**

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **04 / 04 / 2014**

Transaction ID : SA11AI.28232

Amount of Each Receipt this Period **30.00**

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.00**

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

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

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

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

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

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

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

Transaction ID : SA11AI.28233

Amount of Each Receipt this Period

30.00

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

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

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11AI.28234

Amount of Each Receipt this Period

30.00

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

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

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.28235

Amount of Each Receipt this Period

30.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Rosemarie Hogan		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : SA11AI.28236
Mailing Address 45 Crestwood Drive		Amount of Each Receipt this Period 30.00
City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation Administrative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. Rosemarie Hogan		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 Transaction ID : SA11AI.28237
Mailing Address 45 Crestwood Drive		Amount of Each Receipt this Period 30.00
City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation Administrative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Rosemarie Hogan		Date of Receipt MM / DD / YYYY 06 / 27 / 2014 Transaction ID : SA11AI.28238
Mailing Address 45 Crestwood Drive		Amount of Each Receipt this Period 30.00
City Schenectady	State NY	Zip Code 12306
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation Administrative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2014

Transaction ID : SA11AI.28246

Amount of Each Receipt this Period
30.00

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

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

Transaction ID : SA11AI.28247

Amount of Each Receipt this Period
30.00

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

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11AI.28248

Amount of Each Receipt this Period
30.00

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

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

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

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

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

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.28249

Amount of Each Receipt this Period
30.00

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

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : SA11AI.28250

Amount of Each Receipt this Period
30.00

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

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.28251

Amount of Each Receipt this Period
30.00

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

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

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

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

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

Mailing Address 38 Fox Hill Drive

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.28252

Amount of Each Receipt this Period
30.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.28260

Amount of Each Receipt this Period
30.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 18 / 2014

Transaction ID : SA11AI.28261

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SA11AI.28262

Amount of Each Receipt this Period
30.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.28263

Amount of Each Receipt this Period
30.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.28264

Amount of Each Receipt this Period
30.00

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

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Dawn Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 Hansen Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation VP of Legal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.28265
 Amount of Each Receipt this Period
 30.00

B. Dawn Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 213 Hansen Ave
 City Albany State NY Zip Code 12208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation VP of Legal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.28266
 Amount of Each Receipt this Period
 30.00

C. William V. Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Partridge Lane
 City Charlotte State VT Zip Code 05445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Service Corp. Occupation VP Vermont
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.28305
 Amount of Each Receipt this Period
 30.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 44
(check only one)

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

Full Name (Last, First, Middle Initial)
A. William V. Little

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

Transaction ID : SA11AI.28306

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
B. William V. Little

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11AI.28307

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
C. William V. Little

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.28308

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William V. Little			Date of Receipt MM / DD / YYYY 05 / 30 / 2014 Transaction ID : SA11AI.28309
Mailing Address 300 Partridge Lane			Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 330.00
Name of Employer MVP Service Corp.		Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. William V. Little			Date of Receipt MM / DD / YYYY 06 / 13 / 2014 Transaction ID : SA11AI.28310
Mailing Address 300 Partridge Lane			Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 360.00
Name of Employer MVP Service Corp.		Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. William V. Little			Date of Receipt MM / DD / YYYY 06 / 27 / 2014 Transaction ID : SA11AI.28311
Mailing Address 300 Partridge Lane			Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 390.00
Name of Employer MVP Service Corp.		Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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

FOR LINE NUMBER: PAGE 29 OF 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)
Mailing Address 1330 Park Avenue
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP of Network Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 30 / 2014**
Transaction ID : SA11AI.28344
Amount of Each Receipt this Period **20.00**

B. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)
Mailing Address 1330 Park Avenue
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP of Network Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 13 / 2014**
Transaction ID : SA11AI.28345
Amount of Each Receipt this Period **20.00**

C. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)
Mailing Address 1330 Park Avenue
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP of Network Operations
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 27 / 2014**
Transaction ID : SA11AI.28346
Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **60.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 30 OF 44
(check only one)

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

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

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2014

Transaction ID : SA11AI.28347

Amount of Each Receipt this Period
30.00

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2014

Transaction ID : SA11AI.28348

Amount of Each Receipt this Period
30.00

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11AI.28349

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2014
Transaction ID : SA11AI.28350

Amount of Each Receipt this Period
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2014
Transaction ID : SA11AI.28351

Amount of Each Receipt this Period
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.28352

Amount of Each Receipt this Period
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 27 / 2014
Transaction ID : SA11AI.28353

Amount of Each Receipt this Period
 30.00

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

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.28361

Amount of Each Receipt this Period
 50.00

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

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.28362

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

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

FOR LINE NUMBER: PAGE 33 OF 44
(check only one)

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

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2014

Transaction ID : SA11AI.28363

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2014

Transaction ID : SA11AI.28364

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : SA11AI.28365

Amount of Each Receipt this Period
50.00

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

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

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

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

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.28366

Amount of Each Receipt this Period

50.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.28367

Amount of Each Receipt this Period

50.00

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

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2014

Transaction ID : SA11AI.28410

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
04 / 18 / 2014

Transaction ID : SA11AI.28411

Amount of Each Receipt this Period
30.00

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
05 / 02 / 2014

Transaction ID : SA11AI.28412

Amount of Each Receipt this Period
30.00

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
05 / 16 / 2014

Transaction ID : SA11AI.28413

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.28414

Amount of Each Receipt this Period
30.00

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11AI.28415

Amount of Each Receipt this Period
30.00

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

Mailing Address 22 Hemlock Drive

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.28462

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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

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

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

FOR LINE NUMBER: PAGE 37 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Jennifer Rice
 Mailing Address 22 Hemlock Drive
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014
Transaction ID : SA11AI.28463
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Daniel Sauer
 Mailing Address 160 Fifth Avenue
 City State Zip Code
 Saratoga Springs NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 04 / 2014
Transaction ID : SA11AI.28492
 Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Daniel Sauer
 Mailing Address 160 Fifth Avenue
 City State Zip Code
 Saratoga Springs NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2014
Transaction ID : SA11AI.28493
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 38 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 05 / 02 / 2014
Transaction ID : SA11AI.28494

Amount of Each Receipt this Period
 30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 05 / 16 / 2014
Transaction ID : SA11AI.28495

Amount of Each Receipt this Period
 30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 05 / 30 / 2014
Transaction ID : SA11AI.28496

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
06 / 13 / 2014
Transaction ID : SA11AI.28497

Amount of Each Receipt this Period
30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 27 / 2014
Transaction ID : SA11AI.28498

Amount of Each Receipt this Period
30.00

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

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

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

Name of Employer Occupation
MVP Health Care VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
04 / 04 / 2014
Transaction ID : SA11AI.28541

Amount of Each Receipt this Period
50.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11AI.28542

Amount of Each Receipt this Period

50.00

B. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		02		2014

Transaction ID : SA11AI.28543

Amount of Each Receipt this Period

50.00

C. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11AI.28544

Amount of Each Receipt this Period

50.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 44
(check only one)

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

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

Transaction ID : SA11AI.28545

Amount of Each Receipt this Period
50.00

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

Transaction ID : SA11AI.28546

Amount of Each Receipt this Period
50.00

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2014

Transaction ID : SA11AI.28547

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	4450.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

City NEW YORK State NY Zip Code 10016

Purpose of Disbursement

011

Candidate Name
CHARLES E SCHUMER

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2014

Transaction ID : **SB23.27498**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

Mailing Address 236 MASSACHUSETTS AVE NE
SUITE 110

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011

Candidate Name
KIRSTEN ELIZABETH GILLIBRAND

Category/
Type

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NY District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : **SB23.27501**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. OFF THE SIDELINES PAC

Mailing Address P.O. BOX 78182

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

011

Candidate Name

Category/
Type

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : **SB23.27504**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

011

Candidate Name
PAUL DAVID TONKO

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : **SB23.27492**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Mailing Address PO BOX 391

City GENEVA State NY Zip Code 14456

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : **SB23.27489**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

13500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

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

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

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

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

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

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

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