PAGE 1 / 14

Image# 14960775752

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzed 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 L L L L L L L L L L L L L L L L L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE ▲
C C00431429		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	<sup>.</sup> 20 (M3) Jun 20 (M	(Non-Election Year Only)
X April 15 Quarterly Report (0	01)	20 (M4) Jul 20 (M	
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-election Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 0		through 03	
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	an T Estey	[Electronically Filed]	Date 04 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

	O FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
W	/rite or Type Committee Name		1 490 2
Ν	MVP Health Care Inc. Federal PAC		
R	eport Covering the Period: From: 01	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	03 / 31 / 2014
		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	74818.34	
	(c) Total Receipts (from Line 19)	6644.00	6644.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81462.34	81462.34
7.	Total Disbursements (from Line 31)	18500.00	18500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62962.34	62962.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
	This committee has qualified as a multican	didate committee. (see FEC FORM 1M)	
	F	or further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530	

Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

M١	/P	Health	Care	Inc.	<b>Federal</b>	PAC

Report Covering the Period: From: 01	01 2014 To:	03 31 2014
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	1060.00	1060.00
(i) Itemized (use Schedule A)		9 9
(ii) Unitemized	5584.00	5584.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	6644.00	6644.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines		3.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	6644.00	6644.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
3. All Loans Received	0.00	0.00
4. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
,	7	7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(8) 201111 1 41140 (110111 001104410 110) 11111111		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	6644.00	6644.00
0. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	6644.00	6644.00
(5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	7	3371100

#### **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
<ol> <li>Operating Expenditures:         <ul> <li>(a) Allocated Federal/Non-Federal Activity (from Schedule H4)</li> </ul> </li> </ol>		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share		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
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
<ol> <li>Contributions to Federal Candidates/Committees and Other Political Committees</li> </ol>	18500.00	18500.00
1. Independent Expenditures	0.00	0.00
(use Schedule E)		0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made		0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C.	•	
<ul><li>(a) Allocated Federal Election Act (from Schedule H6)</li></ul>	ivity	
(i) Federal Share	0.00	0.00
,,		
(ii) "Levin" Share		0.00
(b) Federal Election Activity Paid With Federal Funds	·	0.00
(c) Total Federal Election Activity	`	0.00
Lines 30(a)(i), 30(a)(ii) and 30	U(D)) P	0.00
. Total Disbursements (add Lines 21		
23, 24, 25, 26, 27, 28(d), 29 and 3	30(c)) 18500.00	18500.00
2. Total Federal Disbursements	V V"	
(subtract Line 21(a)(ii) and Line 30	)(a)(ii) 	18500.00

#### **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)	6644.00	6644.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6644.00	6644.00
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
8. 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

FO	R LINE	NUMBER	:	PAGE	. (	6	OF		14
(check only one)									
>	<b>1</b> 1a	11b	<u> </u>	11c [		12			
	13	14	1	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		name and address of any political committee to	
$\rangle$	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal F	PAC	
Α.	Full Name (Last, First, Middle Initial) Karla Austen		Date of Receipt
	Mailing Address 25 Carriage House La.		02 21 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.26402
	Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	60.00
	Name of Employer	Occupation	
	MVP Health Care	EVP, Network Management	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	240.00	
В.	Full Name (Last, First, Middle Initial)  Karla Austen		Date of Receipt
	Mailing Address 25 Carriage House La.		03 07 2014
	City	State Zip Code	Transaction ID : SA11AI.26403
	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  Other (specify) ▼	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Karla Austen		Date of Receipt
	Mailing Address 25 Carriage House La.		03 21 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.26404
	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	55 5	
	Other (specify) ▼	360.00	
S	SUBTOTAL of Receipts This Page (optional)		180.00
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: **PAGE** 7 OF 14 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 03 2014 21 City State Zip Code Transaction ID: SA11AI.26464 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 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 07 2014 City State Zip Code Transaction ID: SA11AI.26503 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 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 21 2014 City Zip Code State Transaction ID: SA11AI.26504 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 320.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 8 OF 14 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 03 07 2014 City State Zip Code Transaction ID: SA11AI.26505 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 Other (specify)  $\blacktriangledown$ 400.00 Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 03 2014 21 City State Zip Code Transaction ID: SA11AI.26506

Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	Occupation VP, Medicare Products  Aggregate Year-to-Date ▼  480.00	
Full Name (Last, First, Middle Initial)  C. Denise Gonick  Mailing Address 803 Via Marchella		Date of Receipt
City Schenectady	State Zip Code NY 12303	7 2014 Transaction ID : SA11AI.26509 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
SUBTOTAL of Receipts This Page (option	al)	240.00

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

### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 9 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	eck or 11a 13	nly one	, 1b	11c	12 16	17
ny information copied from such Reports and Statements mar for commercial purposes, other than using the name and a								
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC								

١.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt	
	Mailing Address 803 Via Marchella		02 21 _ 2014 _
	City	State Zip Code	Transaction ID : SA11AI.26510
	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) ▼	320.00	
3	Full Name (Last, First, Middle Initial)  Denise Gonick		Date of Receipt
•	Mailing Address 803 Via Marchella		M = M / D = D / Y = Y = Y
	City	Ctata 7in Cada	03 07 2014
	City	State Zip Code NY 12303	Transaction ID : SA11AI.26511
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	80.00
	Name of Employer	Occupation	
	MVP Health Care, Inc.	EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	100.00	
	Other (specify) ▼	400.00	
).	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		03 21 _2014 _
	City	State Zip Code	Transaction ID : SA11AI.26512
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing		80.00
	federal political committee.	C	30.00
	Name of Employer	Occupation	
	MVP Health Care, Inc.	EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	480.00	
	Other (specify) ▼	400.00	
9	UBTOTAL of Receipts This Page (optional)		240.00
_	The or receipte this rage (optional)		
Т	OTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 10 OF 14 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 03 07 2014 City Zip Code State Transaction ID: SA11AI.26663 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 VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 03 21 2014 City State Zip Code Transaction ID: SA11AI.26664 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 03 07 2014 City Zip Code State Transaction ID: SA11AI.26830 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 11 OF 14 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) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 03 2014 21 City Zip Code State Transaction ID: SA11AI.26831 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... 1060.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)				PAGE 12 OF 14
ITEMIZED DISBURSEMENTS	Use separate schedu for each category of	the Concort of		
	Detailed Summary Pa		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and State	ements may not be sold			
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal PA	С			
/ Full Name (Last, First, Middle Initial)				
A. AMERICAS HEALTH INSURANC	E PLANS PAC (A	AHIP PAC)	Date of Disbursem	nent
			M M / D D	/ Y   Y   Y   Y   Y
Mailing Address 601 PENNSYLVANIA AVENUE, N	1W		03 31	2014
SOUTH BUILDING, SUITE 500 City	State Zip Code			
WASHINGTON	DC 20004		Transaction ID :	SB23.26909
Purpose of Disbursement			1	
Over Pidada Managa		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disburse	ement For: 2014	Туре		,
Senate	Primary X Gene	eral		
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
B. CHRIS GIBSON FOR CONGRES	S		Date of Disbursem	
Mailing Address PO BOX 255			03 20	2014
Mailing Addition PU BUA 200			33 20	2014
City	State Zip Code		Transaction ID :	SB23.26921
KINDERHOOK Purpose of Disbursement	NY 12106		_	
. alpose of biobuldement		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		
		Type		5000.00
	ment For: 2014			
Senate	Primary Gene	eral		
State: NY District: 19	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. FRIENDS OF DAN MAFFEI			Date of Disbursem	nent
			M M / D D	
Mailing Address PO BOX 230			03 11	2014
City	State Zip Code			
SYRACUSE	NY 13201		Transaction ID :	SB23.26911
Purpose of Disbursement				
Candidata Nama		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		5000.00
Office Sought:	ement For: 2014	Туре	-	7
Senate	Primary X Gene	eral		
President	Other (specify)			
State: NY District: 24	- 			
				45000.00
SUBTOTAL of Disbursements This Page (optional).		·····		15000.00
TOTAL This Period (last page this line number only	<i></i>			
I CIAL THIS I CHOO (last page this line humber off)	,,			1 (0 1 1 (0 1

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 13 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only	
Any information copied from such Reports and Statem		sed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	e and address of any polit	ical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PAC	,		
Full Name (Last, First, Middle Initial)			
A. PAUL TONKO FOR CONGRESS			Date of Disbursement
Mailing Address 911 CENTRAL AVENUE PO BOX 221			02 25 2014
City	tate Zip Code		T ID ODGG 60045
ALBANY	NY 12206		Transaction ID : SB23.26915
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	nent For: 2014 Primary General		
	Other (specify) ▼		
200			
Full Name (Last, First, Middle Initial)			
B. TOM REED FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 391			03 05 2014
City	tate Zip Code		Transaction ID : SB23.26918
91.11.11	NY 14456		11aiisaction ID . 3B23.20910
Purpose of Disbursement		011	Amount of Each Disbursement this Peric
Candidate Name		0.1	
		Category/ Type	2500.00
Senate	ent For: 2014 Primary	,	
State: NY District: 23	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
D.			Date of Disbursement
Mailing Address			M - W / D - D / T - T - T - T
City S	tate Zip Code		
Purpose of Disbursement			
'			Amount of Each Disbursement this Perio
Candidate Name		Category/	Amount of Each dispursement this Pend
Office Sought: House Disbursem	ont For:	Type	7 7 7
	Primary General		
	Other (specify) ▼		
State: District:	· · · · · · · · · · · · · · · · · · ·		
'		l	
SUBTOTAL of Disbursements This Page (optional)		·····•	3500.00
TOTAL This Period (last page this line number only).			18500.00

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

Excluding Loans

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

	9
X	10

14

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)