



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>	<input type="text" value="54886.34"/>	<input type="text" value="54886.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55679.34"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1191.00"/>	<input type="text" value="22984.00"/>
(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="56870.34"/>	<input type="text" value="77870.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="21000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56870.34"/>	<input type="text" value="56870.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	930.00	13420.00
(ii) Unitemized .....	261.00	9564.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1191.00	22984.00
(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) .....	1191.00	22984.00
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)).....▶	1191.00	22984.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1191.00	22984.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	21000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	0.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	21000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1191.00	22984.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1191.00	22984.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<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

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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Austen, Karla, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 25 Carriage House La.		<b>Transaction ID : SA11AI.35315</b>
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP, Network Management	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bizzarro, Dominick, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 32 Devonshire Way		<b>Transaction ID : SA11AI.35317</b>
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cameron, Carl, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2016
Mailing Address 285 Willowcrest Drive		<b>Transaction ID : SA11AI.35320</b>
City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) MVP	Occupation (for Individual) VP Medical Director	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> 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 7 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Clancy, Catherine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19 Julia Ct

City Mahopac	State NY	Zip Code 10541
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.35319**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Colin, Wendy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.35322**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Deferio, Patricia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP	Occupation (for Individual) Regional Network Director
--	--

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.35325**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 17
<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. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Rd  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35326**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Gauci, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 329 Mohawk Ave Apt 4  
 City Scotia State NY Zip Code 12302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Associate Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35333**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Glavey, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 165 Windemere Road  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Occupation (for Individual) VP, Medicare Products  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35334**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 803 Via Marchella  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) EVP & Chief Legal Officer  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35335**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Harding, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 310 Reserve Court  
 City Glenville State NY Zip Code 12302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Compensation Manager  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35336**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Occupation (for Individual) Administrative  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35338**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 17
	<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. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) MVP Occupation (for Individual) VP Information Technology  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35340**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Jablonski, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP of Legal Affairs  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35342**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Leonard, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Benjamin Lane  
 City Niskayuna State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1470.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35346**  
 Amount of Each Receipt this Period  
 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 11 OF 17
<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. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1330 Park Avenue

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

Name of Employer (for Individual) MVP Service Corp.	Occupation (for Individual) VP of Network Operations
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Receipt For: 2016  
 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
10		14		2016

**Transaction ID : SA11AI.35352**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Martin, Augusta, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP Marketing
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.35355**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Metheny, Laurie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.35359**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> 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 17
<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. Molloy, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 York Ave.  
 City Saratoga Spgs. State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Of Strategic Accounts  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35360**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Montepare, Carole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 McLain Court  
 City Williamstown State MA Zip Code 01267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35361**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 York Ave  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2016  
 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  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35362**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Odorizzi, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 East Claremond Drive  
 City Voorheesville State NY Zip Code 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Occupation (for Individual) Director of Finance  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35363**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Poole III, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 Spar Road  
 City Willington State CT Zip Code 06279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP and CIO  
 Receipt For: 2016  
 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  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35364**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Retajczyk, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Williamsburg Dr.  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Senior Underwriter  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35365**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> 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 17
	<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. Sauer, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 Fifth Avenue  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 630.00

Date of Receipt  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35369**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Stitt, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 684 Macelroy Road  
 City Ballston Spa State NY Zip Code 12019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Occupation (for Individual) Pharmacy Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35376**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Titsworth, Emily, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1394 Dean Street  
 City Niskayuna State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Associate Counsel  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35377**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> 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 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Viscusi, Rico, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Autumn Run  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Dir. Internal Audit  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35380**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**B. Walkuski, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Lillian Drive  
 City Scotia State NY Zip Code 12302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care, Inc. Occupation (for Individual) Sales Manager- East Region  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35381**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

**C. Wild, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2040 Mill Road  
 City West Falls State NY Zip Code 14170  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Sales Director  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2016  
**Transaction ID : SA11AI.35382**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 17  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zdunczyk, Gale, , ,

Mailing Address 7 Cypress St

City Albany	State NY	Zip Code 12205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager Prospective Review
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Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		14		2016

**Transaction ID : SA11AI.35383**

Amount of Each Receipt this Period  

10.00
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 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

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 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10.00
<b>TOTAL</b> This Period (last page this line number only).....	930.00



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 17
	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 <b>Deluxe Business Checks</b>			Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572			
City Cincinnati	State OH	Zip Code 45274	

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>	<b>Transaction ID : SD10.4163</b>	
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 <b>Media Well Done</b>			Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street			
City Schenectady	State NY	Zip Code 12305	

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>	<b>Transaction ID : SD10.4165</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="483.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="483.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="483.00"/>