PAGE 1 / 17

Image# 201604159012490814

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X FO	or Other Than An Aut	thorized Committee		Office Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
MVP Health Care Inc. F	ederal PAC			
ADDRESS (number and street)	625 State Street			
Check if different than previously reported. (ACC)	Schenectady		NY	12305
2. FEC IDENTIFICATION NUI	MBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
C C00431429		S THIS X NEV	OR AM	ENDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	Report Due On: Ma Apr (c) 12-Day PRE-Election Report for the:	r 20 (M3) Jun r 20 (M4) Jul Primary (12P) Convention (12C) on on General (30G)	20 (M6) Sep 20 (M7) Oct 2	in the State of
5. Covering Period 01	01 / 2016	through	03 31	2016
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of Jordan Estey	f my knowledge and beli	ef it is true, correct and	complete.
1, po of Fine Name of Headule	Jordan Lotoy			
Signature of Treasurer Jordan	Estey	[Electronically Fi	ded] Date 04	/ 15 / Y Y Y Y Y 2016
NOTE: Submission of false, erroned	ous, or incomplete information	on may subject the person	signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MVP Health Care Inc. Federal PAC 01 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 55886.34 January 1, 2016 (b) Cash on Hand at 55886.34 Beginning of Reporting Period..... 6624.00 6624.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 62510.34 62510.34 6(a) and 6(c) for Column B)..... 7000.00 7000.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 55510.34 55510.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 483.00 Schedule C and/or Schedule D) 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 PA	M۱	/P	Health	Care	Inc.	Federal	PAC
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	I. Receipts	COLUMN B Calendar Year-to-Date				
1. Cc	entributions (other than loans) From:	1				
(a)	Individuals/Persons Other					
	Than Political Committees					
	(i) Itemized (use Schedule A)	1560.00	1560.00			
	(ii) Unitemized	5064.00	5064.00			
	(iii) TOTAL (add					
	Lines 11(a)(i) and (ii)▶	6624.00	6624.00			
/h)	Delitical Bouty Committees	0.00	0.00			
(b)		3.00				
(0)	(such as PACs)	0.00	0.00			
(d)						
()	11(a)(iii), (b), and (c)) (Carry					
	Totals to Line 33, page 5)▶	6624.00	6624.00			
. Tra	ansfers From Affiliated/Other					
Pa	rty Committees	0.00	0.00			
. All	Loans Received	0.00	0.00			
١٥	on Denouments Dessived	0.00	0.00			
	an Repayments Receivedfsets To Operating Expenditures	7	7			
	efunds, Rebates, etc.)					
	arry Totals to Line 37, page 5)	0.00	0.00			
	funds of Contributions Made	7				
	Federal Candidates and Other					
	litical Committees	0.00	0.00			
. Ot	her Federal Receipts					
(D	ividends, Interest, etc.)	0.00	0.00			
. Tra	ansfers from Non-Federal and Levin Funds					
(a)	Non-Federal Account					
	(from Schedule H3)	0.00	0.00			
/L-\	Levin France (france Cabe dule 115)	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			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

Calendar Year-to-Date .00
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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)	6624.00	6624.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6624.00	6624.00
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

FOR LINE NUMBER: **PAGE** 6 OF 17 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) Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 2016 City Zip Code State Transaction ID: SA11AI.34007 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 03 04 2016 City State Zip Code Transaction ID: SA11AI.34008 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M = M 03 18 2016 City State Zip Code Transaction ID: SA11AI.34009 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC	
	State Zip Code NY 12065 C Occupation EVP Aggregate Year-to-Date ▼	Date of Receipt 03 18 2016 Transaction ID : SA11AI.34021 Amount of Each Receipt this Period 40.00 Memo Item
MVD	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼	Date of Receipt 03 18 2016 Transaction ID: SA11AI.34070 Amount of Each Receipt this Period 40.00 Memo Item
, ,	State Zip Code NY 12303 C Occupation EVP Aggregate Year-to-Date ▼	Date of Receipt 02 19 2016 Transaction ID: SA11AI.34074 Amount of Each Receipt this Period 60.00 Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number or	·	140.00

	FOR LINE NUMBER:	PAGE	8 OI	- 17
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 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 Full Name (Last, First, Middle Initial) Christopher Del Vecchio Date of Receipt Mailing Address 2854 W. Old State Rd 03 04 2016 City Zip Code State Transaction ID: SA11AI.34075 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer Occupation **MVP Health Care** EVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Del Vecchio Date of Receipt Mailing Address 2854 W. Old State Rd 03 18 2016 City State Zip Code Transaction ID: SA11AI.34076 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 360,00 Full Name (Last, First, Middle Initial) **c.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 05 02 2016 City Zip Code State Transaction ID: SA11AI.34121 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing С 80.00 federal political committee. Memo Item Name of Employer Occupation VP, Medicare Products MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General

240.00

Other (specify)

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

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

9

200.00

	FO	R LINE	NU	IMBER	:	PAGE	9 0	F	17
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for each category of the Detailed Summary Page	<u> </u>	1 1a		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 Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 19 2016 City State Zip Code Transaction ID: SA11AI.34122 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer Occupation MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 03 04 2016 City State Zip Code Transaction ID: SA11AI.34123 Rochester NY 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer Occupation MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 400,00 Full Name (Last, First, Middle Initial) **c.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 03 18 2016 City Zip Code State Transaction ID: SA11AI.34124 NY Rochester 14610 Amount of Each Receipt this Period

	240.00	
SUBTOTAL of Receipts This Page (optional)		
		٦
TOTAL This Period (last page this line number only)	1 / 1	

480.00

С

Occupation

VP, Medicare Products

Aggregate Year-to-Date ▼

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Receipt For: 2016

Primary

MVP

80.00

Memo Item

	FOF	R LINE	NU	MBER	:	PAGE	. 1	0 O	F	17
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions										

Any information copied from such Reports and Statements may not be sold or used by any 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) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 2016 City Zip Code State Transaction ID: SA11AI.34127 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care. Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 19 2016 City State Zip Code Transaction ID: SA11AI.34128 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General Other (specify) 320,00

Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 03 04 2016 City Zip Code State Transaction ID: SA11AI.34129 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 80.00 federal political committee. Memo Item Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify)

CURTOTAL of Descipto This Desc (antional)								240	0.00	
SUBTOTAL of Receipts This Page (optional)		-	7	-	-	7	-	_	W	ш
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	FC)R	LINE	NU	MBER	:	PAGE	 11 (OF	17
Use separate schedule(s) for each category of the	(cl	ne	ck only	or	ie)			_		
Detailed Summary Page		×	11a		11b		11c	12		
Detailed Guillinary 1 age			13		14		15	16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		03 18 2016 .
City	State Zip Code	Transaction ID : SA11AI.34130
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	Memo Item
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For: 2016 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) 3. Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		03 04 2016
City	State Zip Code	Transaction ID : SA11AI.34171
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP of Legal Affairs	
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		03 18 2016
City Albany	State Zip Code NY 12208	Transaction ID : SA11AI.34172 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP of Legal Affairs	
Receipt For: 2016	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line number	<u>^</u>	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one)

[EMIZED RECEIPTS	for each category Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Staten for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	:		
	Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary Other (specify) ▼ Other	cupation gregate Year-to-Date ▼	210.00	Date of Receipt 02 05 2016 Transaction ID: SA11AI.34199 Amount of Each Receipt this Period 70.00 Memo Item
	Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Perceipt For: 2010	cupation gregate Year-to-Date ▼	280.00	Date of Receipt 02 19 2016 Transaction ID: SA11AI.34200 Amount of Each Receipt this Period 70.00 Memo Item
	Niskayuna FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Property 1946	cupation gregate Year-to-Date ▼	350.00	Date of Receipt 03
s	UBTOTAL of Receipts This Page (optional)			210.00
Т	OTAL This Period (last page this line number only)			1

	FOR LINE NUMBER: PAGE 13 OF						17			
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	X	11a		11b		11c		12		
zotanou cummary r ago		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 Full Name (Last, First, Middle Initial) Margaret Leonard Date of Receipt Mailing Address 70 Benjamin Lane 03 2016 18 City State Zip Code Transaction ID: SA11AI.34202 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer Occupation **MVP Health Care** VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 03 04 2016 City State Zip Code Transaction ID: SA11AI.34243 Rochester NY 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer Occupation MVP Health Care VΡ Receipt For: 2016 Aggregate Year-to-Date ▼ Primary General

Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		03 18 2016
City	State Zip Code	Transaction ID : SA11AI.34244
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	Memo Item
MVP Health Care	VP	
Receipt For: 2016	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	

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

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

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SCHEDULE B (FEC Form 3X)	Has appropriate to the Co.	FOR LINE NUMBER: PAGE		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orleast orlin)		
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b	
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NAME OF COMMITTEE (In Full)	- •			
MVP Health Care Inc. Federal PAC)			
Full Name (Last, First, Middle Initial)				
4. COLLINS FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 386			02 08 2016	
,	State Zip Code		Transaction ID : SB23.34401	
CLARENCE Purpose of Disbursement	NY 14031			
·		011	Amount of Each Disbursement this Period	
CAUDICTORIED C COLLING		Category/	1000.00	
CHRISTOPHER C COLLINS	oont For: 0040	Туре		
Senate	nent For: 2016 Primary General Other (specify)		Memo Item	
State: NY District: 27				
Full Name (Last, First, Middle Initial) 3. COLLINS FOR CONGRESS			Date of Disbursement	
COLLING FOR CONGRESS			M M / D D / Y Y Y Y	
Mailing Address PO BOX 386			02 08 2016	
,	State Zip Code		Transaction ID : SB23.34402	
CLARENCE Purpose of Disbursement	NY 14031			
. arpood of Biobardomont		011	Amount of Each Disbursement this Period	
Candidate Name		Category/ Type		
CHRISTOPHER C COLLINS			1000.00	
Senate	nent For: 2016 Primary General Other (specify)		Memo Item	
State: NY District: 27	• • • • •			
Full Name (Last, First, Middle Initial)				
C. ELISE FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 500			02 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code			
GLENS FALLS	NY 12801		Transaction ID: SB23.34398	
Purpose of Disbursement				
Condidate Name		011	Amount of Each Disbursement this Period	
Candidate Name ELISE M STEFANIK		Category/	1000.00	
	nent For: 2016	Type		
	Primary General		Memo Item	
President	Other (specify) ▼			
State: NY District: 21	• • • •			
'				
SUBTOTAL of Disbursements This Page (optional)			3000.00	
TOTAL This Period (last nage this line number only)				
ILLIAL THIS PERIOD (19ST DAGE THIS TIME DUMBER ONLY)		▶		

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE		
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	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any information copied from such Reports and Statem	l nents may not be sold or us			
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal PAC	;			
Full Name (Last, First, Middle Initial)				
A. KATKO FOR CONGRESS			Date of Disbursement	
Mailing Address 5407 ANVIL DRIVE			02 08 2016	
,	State Zip Code		Transaction ID : SB23.34399	
CAMILLUS	NY 13031			
Purpose of Disbursement		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
JOHN M KATKO		Туре	1000.00	
	nent For: 2016		Memo Item	
	Primary General Other (specify)			
State: NY District: 24	Callot (opcomy)			
Full Name (Last, First, Middle Initial)				
3. PAUL TONKO FOR CONGRESS			Date of Disbursement	
Mailing Address 911 CENTRAL AVENUE PO BOX 221			03 08 2016	
ALBANY	State Zip Code NY 12206		Transaction ID : SB23.34403	
Purpose of Disbursement		044	Amount of Fook Diskursers at this Buri	
Candidate Name		011	Amount of Each Disbursement this Period	
PAUL DAVID TONKO		Category/ Type	1000.00	
	nent For: 2016	-770	Memo Item	
	Primary General			
	Other (specify) ▼			
State: NY District: 21				
Full Name (Last, First, Middle Initial) SEAN PATRICK MALONEY FOR (CONGRESS		Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 270			02 08 2016	
City	State Zip Code		Transaction ID : SB23.34400	
	NY 12550		Halisaction ID . 3023.34400	
Purpose of Disbursement		011	Amount of Foot Bill	
Candidate Name			Amount of Each Disbursement this Period	
SEAN PATRICK MALONEY FOR	CONGRESS	Category/ Type	1000.00	
	nent For: 2016		Memo Item	
	Primary General		_	
State: NV District: 19	Other (specify) ▼			
State: NY District: 18				
SUBTOTAL of Disbursements This Page (optional)			3000.00	
ODITINE OF DISDUISEMENTS THIS Fage (optional)		·····		
TOTAL This Period (last page this line number only)				

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used ne and address of any political	l by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	• •		
Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address 99 W FIRST ST		Date of Disbursement O2 08 2016	
	State Zip Code		
CORNING Purpose of Disbursement	NY 14830	011	Transaction ID: SB23.34397 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)	Category/ Type	1000.00 Memo Item
Full Name (Last, First, Middle Initial) 3. Mailing Address			Date of Disbursement
	State Zip Code		
Purpose of Disbursement Candidate Name]	Category/	Amount of Each Disbursement this Period
		Type	Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			
City S Purpose of Disbursement	State Zip Code		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary General Other (specify)		Memo Item
SUBTOTAL of Disbursements This Page (optional)	1000.00		
TOTAL This Period (last page this line number only)		7000.00	

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

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

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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 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 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 338.00 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)