07/13/2016 10 : 29

Image# 20160/139020418896					PAGE 1 / 48
FEC FORM 3X	REPORT OF AND DISBU For Other Than An A	RSEMENT	S	Office U	se Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typin over the lines.	ng, type 12	2FE4M5	
MVP Health Care Inc	. Federal PAC				
ADDRESS (number and street)	625 State Street				
Check if different					
than previously reported. (ACC)	Schenectady		N	IY 1230	5
2. FEC IDENTIFICATION I			STA	TE 🔺	ZIP CODE
C C00431429	3.		NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On:	1ar 20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report	(Q1) (c) 12-Day (Q2) PRE-Election Report for the:	Primary (12F	P)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report	_	ction on	D D / Y	Y Y Y	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion (d) 30-Day POST-Election Report for the:		G)	Runoff (30R)	Special (30S)
Termination Repo (TER)	rt	ction on		Y Y Y	in the State of
5. Covering Period	04 / D D / Y Y 01 2016	through	M M / / 06	30 / Y Y 30 20	Y Y 16
I certify that I have examined Type or Print Name of Treasu		of my knowledge and	belief it is true, o	correct and comple	te.
Type of Think Name of Treasu					
Signature of Treasurer	dan T Estey	[Electronicall	y Filed] Date	07 / 06	D / Y Y Y Y 2016
NOTE: Submission of false, error	oneous, or incomplete informa	tion may subject the per	son signing this F	Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

I	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
N	IVP Health Care Inc. Federal PA	C	
Re	eport Covering the Period: From:	04 01 / Y Y Y Y Y D4 01 Z016 To:	M = M / D = D / Y = Y = Y = Y 06 30 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016	[54886.34
	(b) Cash on Hand at Beginning of Reporting Period	54510.34	
	(c) Total Receipts (from Line 19)	7617.00	14241.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62127.34	69127.34
7.	Total Disbursements (from Line 31)	9000.00	16000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53127.34	53127.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Page 3

14241.00

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: 04		b: 06 / 30 / 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
I. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	5000.00	0700.00
(i) Itemized (use Schedule A)	5230.00	6790.00
	2387.00	7451.00
(ii) Unitemized	2007.00	7401.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	7617.00	14241.00
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7 7
(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)	7617.00	14241.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received		
	0.00	0.00
Loan Repayments Received	0.00	
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7 7	
(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
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	7617.00	14241.00
Total Federal Receipts		
iotai i euerai riecelpis	7617.00	

7617.00

(subtract Line 18(c) from Line 19)►

I

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
1. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(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	0.0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))►	0.00	0.00
2. Transfers to Affiliated/Other Party	0.00	0.00
Committees 3. Contributions to Federal Candidates/Committees		
and Other Political Committees	9000.00	16000.00
(use Schedule E) 5. Coordinated Party Expenditures	0.00	0.00
 Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) 	0.00	0.00
6. Loan Repayments Made	0.00	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	0.00	0.00
(add Lines 28(a), (b), and (c))►		0.00
9. Other Disbursements	0.00	0.00
). Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		0.00
With Federal Funds (c) Total Federal Election Activity (add	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
I. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9000.00	16000.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	9000.00	16000.00
	7 7 7	7 7 7

L

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	7617.00	14241.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	7617.00	14241.00
 add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 0F 48 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
A. Karla Austen Mailing Address 25 Carriage House La.			Date of Receipt
City	State	Zip Code	04 01 2016 Transaction ID : SA11AI.34414
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		Memo Item
MVP Health Care Receipt For: 2016 Primary X General Other (specify)		ork Management Year-to-Date ▼ 420.00	1
Full Name (Last, First, Middle Initial) B. Karla Austen Mailing Address 25 Carriage House La.			Date of Receipt
City Saratoga Spgs.	State NY	Zip Code 12866	04 15 2016 Transaction ID : SA11AI.34415 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer MVP Health Care	Occupation EVP, Netwo	n ork Management	Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
Full Name (Last, First, Middle Initial) C. Karla Austen			Date of Receipt
Mailing Address 25 Carriage House La.			M M / D D / Y Y Y Y Y 04 29 _2016 _
City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.34416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer	Occupation	1	Memo Item
MVP Health Care	EVP, Netw	ork Management	
Receipt For: 2016 Primary X General Other (specify) V	Aggregate	Year-to-Date ▼ 540.00]
			180.00

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 48 (check only one)	
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Α.	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt
	Mailing Address 25 Carriage House La.			05 13 2016
	City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.34417 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer MVP Health Care	Occupation EVP, Netwo	ork Management	— Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt
	Mailing Address 25 Carriage House La.	05 27 2016		
	City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.34418 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP, Netwo	n Drk Management	Memo Item
	Receipt For: 2016 Primary ∑ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt
	Mailing Address 25 Carriage House La.			
	City Saratoga Spgs.	State NY	Zip Code 12866	06 10 2016 Transaction ID : SA11AI.34419 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care	EVP, Netwo	ork Management	
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
s	Primary X General		720.00	180.00

IOTAL This Period (last page this line number only)	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 8 OF 48 (check only one) (check only one) 11a 11b 11c 12 13 14 15 16 17	
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt
	Mailing Address 25 Carriage House La.			06 24 2016
	City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.34420 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP, Netwo	ork Management	— Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00]
B	Full Name (Last, First, Middle Initial) Dominick Bizzarro			Date of Receipt
υ.	Mailing Address 32 Devonshire Way			04 01 _2016 _
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.34428 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care	Occupation EVP	1	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]
<u> </u>	Full Name (Last, First, Middle Initial) Dominick Bizzarro			Date of Receipt
	Mailing Address 32 Devonshire Way			
	City Clifton Park	State NY	Zip Code 12065	04 15 2016 Transaction ID : SA11AI.34429 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care	EVP		
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	1
s	UBTOTAL of Receipts This Page (optional)			140.00

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 48 (check only one)
Any information copied from such Reports and a or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) A. Dominick Bizzarro			Date of Receipt
Mailing Address 32 Devonshire Way			04 29 2016
City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.34430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Health Care Receipt For: 2016 Primary X General Other (specify)	Occupation EVP Aggregate	Year-to-Date ▼ 360.00	— Memo Item
Full Name (Last, First, Middle Initial) B. Dominick Bizzarro			Date of Receipt
Mailing Address 32 Devonshire Way	State	Zip Code	05 13 2016 Transaction ID : SA11AI.34431
Clifton Park	NY	12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP Health Care	Occupation EVP		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) C. Dominick Bizzarro			Date of Receipt
Mailing Address 32 Devonshire Way			05 27 2016
City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.34432 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Health Care	Occupation EVP		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]
SUBTOTAL of Receipts This Page (optional)			120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 48 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) A. Dominick Bizzarro			Date of Receipt
Mailing Address 32 Devonshire Way			M = M / D = D / Y = Y = Y = Y Y 06 10 2016
City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.34433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Health Care Receipt For: 2016	Occupation EVP Aggregate	Year-to-Date ▼	Memo Item
Primary X General Other (specify)		480.00]
Full Name (Last, First, Middle Initial) B. Dominick Bizzarro			Date of Receipt
Mailing Address 32 Devonshire Way			M = M / D = D / Y = Y = Y = Y Y 06 24 2016
City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.34434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Health Care	Occupation EVP		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	1	Year-to-Date ▼ 520.00]
Full Name (Last, First, Middle Initial) C. Carl Cameron			Date of Receipt
Mailing Address 285 Willowcrest Drive			04 01 _2016 _
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.34450 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation VP Medical	Director	Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 210.00]
SUBTOTAL of Receipts This Page (optional)			110.00

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 48 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 I3 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	ne name and a		
Full Name (Last, First, Middle Initial) A. Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary X General Other (specify) ▼	State NY C Occupation VP Medical Aggregate		Date of Receipt 04 15 2016 Transaction ID : SA11AI.34451 Amount of Each Receipt this Period 30.00 Memo Item
Full Name (Last, First, Middle Initial) B. Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary ✓ General Other (specify) ▼	State NY C Occupation VP Medical Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) C. Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: 2016 Primary X General Other (specify) ▼	State NY C Occupation VP Medical Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional)			90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 48 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive			Date of Receipt
	City	State	Zip Code	05 27 2016 Transaction ID : SA11AI.34454
	Rochester FEC ID number of contributing federal political committee.	C	14618	Amount of Each Receipt this Period
	Name of Employer MVP Receipt For: 2016 Primary X General Other (specify) ▼			Memo Item
В.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive			Date of Receipt
	City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14618	06 10 2016 Transaction ID : SA11AI.34455 Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Medical		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Carl Cameron			Date of Receipt
	Mailing Address 285 Willowcrest Drive	06 24 2016		
	Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.34456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Receipt For: 2016	Occupation VP Medical	Director	Memo Item
	Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
s	UBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 OF 48 (check only one) 11a X 11a 11b 11c 12 14
or for commercial purposes, other than using t			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
MVP Health Care Inc. Federa	I PAC		
A. Catherine Clancy Mailing Address 19 Julia Ct			Date of Receipt
City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.34448
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer MVP Health Care Receipt For: 2016 Primary ∑ General Other (specify) ▼	Occupation EVP Aggregate	Year-to-Date ▼ 240.00	Memo Item
Full Name (Last, First, Middle Initial) B. Catherine Clancy Mailing Address 19 Julia Ct			Date of Receipt
City Mahopac FEC ID number of contributing	State NY	Zip Code 10541	06 24 2016 Transaction ID : SA11AI.34449 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care	Occupation	1	
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]
Full Name (Last, First, Middle Initial) C. Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive			04 01 2016
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34479 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Receipt For: 2016 Primary X General Other (specify)		tetwork Director Year-to-Date ▼ 280.00	Memo Item
SUBTOTAL of Receipts This Page (optional).			120.00

1.....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF 48 (check only one)			
Any information copied from such Reports and a or for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC					
Full Name (Last, First, Middle Initial) A. Patricia Deferio			Date of Receipt			
Mailing Address 7723 Majestic Drive	Mailing Address 7723 Majestic Drive					
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34480 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		40.00			
Name of Employer MVP	Occupation Regional No	etwork Director	— Memo Item			
Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 320.00]			
Full Name (Last, First, Middle Initial) B. Patricia Deferio	I		Date of Receipt			
Mailing Address 7723 Majestic Drive	04 29 2016					
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34481 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		40.00			
Name of Employer MVP	Occupation Regional Ne	etwork Director	Memo Item			
Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 360.00]			
Full Name (Last, First, Middle Initial) C. Patricia Deferio			Date of Receipt			
Mailing Address 7723 Majestic Drive						
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34482 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	° (
Name of Employer MVP	Occupation Regional N	etwork Director	Memo Item			
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]			
SUBTOTAL of Receipts This Page (optional)			120.00			

. . .

.

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 48 (check only one)	
Ar or	y information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC			
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt	
	Mailing Address 7723 Majestic Drive	Ctoto	Zin Code	05 / Y Y Y Y 2016	
	City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34483 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		40.00	
	Name of Employer MVP	Occupation Regional N	n etwork Director	Memo Item	
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	1	
	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Dessint	
в.	Mailing Address 7723 Majestic Drive	Date of Receipt			
	City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34484 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		40.00	
	Name of Employer MVP	Occupation Regional N	etwork Director	Memo Item	
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]	
<u>с</u> .	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt	
	Mailing Address 7723 Majestic Drive			06 24 _2016 _	
	City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.34485 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	Ŭ			
	Name of Employer MVP	Occupation Regional N	letwork Director	Memo Item	
	Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 520.00]	
s	UBTOTAL of Receipts This Page (optional)			120.00	

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 48 (check only one) I1a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC					
Full Name (Last, First, Middle Initial) A. Christopher Del Vecchio						
Mailing Address 2854 W. Old State Rd	· · · ·					
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34486 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		60.00			
Name of Employer MVP Health Care Receipt For: 2016 Primary X General	Occupation EVP Aggregate	Year-to-Date ▼	Memo Item			
Other (specify)		420.00]			
Full Name (Last, First, Middle Initial) B. Christopher Del Vecchio			Date of Receipt			
Mailing Address 2854 W. Old State Rd	04 15 2016					
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34487 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		60.00			
Name of Employer MVP Health Care	Occupation EVP	I	Memo Item			
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]			
Full Name (Last, First, Middle Initial) C. Christopher Del Vecchio			Date of Receipt			
Mailing Address 2854 W. Old State Rd	•					
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34488 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		60.00			
Name of Employer	Occupation	1	Memo Item			
MVP Health Care Receipt For: 2016 Primary X General	EVP Aggregate	Year-to-Date ▼	1			
Other (specify)		540.00	<u> </u>			
SUBTOTAL of Receipts This Page (optional)			180.00			

1 9 1 9 1 1 9 1 1 M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 48 (check only one)
				person for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Α.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio Mailing Address 2854 W. Old State Rd			Date of Receipt
	City	State	Zip Code	05 13 2016 Transaction ID : SA11AI.34489
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP	1	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00]
В.	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt
	Mailing Address 2854 W. Old State Rd	05 27 2016		
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34490 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP	1	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Christopher Del Vecchio			Date of Receipt
	Mailing Address 2854 W. Old State Rd	06 10 / Y Y Y Y 2016		
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34491 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care	EVP		
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	1
s	UBTOTAL of Receipts This Page (optional)			180.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 18 OF 48 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Α.	· · ·			Date of Receipt
	Mailing Address 2854 W. Old State Rd			06 24 _ 2016 _
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34492 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer MVP Health Care	Occupation EVP	I	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00]
_	Full Name (Last, First, Middle Initial) Patrick Glavey			Data of Descript
р.	Mailing Address 165 Windemere Road			Date of Receipt
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.34542 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer MVP	Occupation VP, Medica		Memo Item
	Receipt For: 2016 Primary	Aggregate	Year-to-Date ▼ 560.00]
<u> </u>	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Road	04 15 _2016		
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.34543 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	80.00		
	Name of Employer	Occupation	1	Memo Item
	MVP	VP, Medica	are Products	
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	
s	UBTOTAL of Receipts This Page (optional)		· · · · · ·	220.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 OF 48 (check only one) Integration X 11a 11b 11c 12	
	y information copied from such Reports and S for commercial purposes, other than using the		ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC			
A .	Full Name (Last, First, Middle Initial) A. Patrick Glavey Mailing Address 165 Windemere Road			Date of Receipt	
	City Rochester	State NY	Zip Code 14610	04 29 2016 Transaction ID : SA11AI.34544 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		80.00	
	Name of Employer MVP Receipt For: 2016 Primary X General Other (specify)	,	re Products Year-to-Date ▼ 720.00	Memo Item	
в.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road			Date of Receipt	
	City Rochester	State NY	Zip Code 14610	05 13 2016 Transaction ID : SA11AI.34545 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	Occupation		80.00 Memo Item	
	MVP Receipt For: 2016 Primary General Other (specify) V	VP, Medica			
<u></u> с.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt	
	Mailing Address 165 Windemere Road	State	Zip Code	05 / 27 / 2016 Transaction ID : SA11AI.34546 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	s a la l			
	Name of Employer MVP Receipt For: 2016		re Products Year-to-Date ▼	Memo Item	
	Primary X General Other (specify) ▼		880.00]	
s	UBTOTAL of Receipts This Page (optional)			240.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 48 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Full Name (Last, First, Middle Initial) A. Patrick Glavey				Date of Receipt
	Mailing Address 165 Windemere Road	06 10 <u>2016</u>		
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.34547 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer MVP	Occupation VP, Medica	re Products	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 960.00]
В.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Road	06 24 2016		
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.34548 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer MVP	Occupation VP, Medica		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
	Mailing Address 803 Via Marchella	04 / D D / Y Y Y Y 04 01 2016		
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.34549 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care, Inc. Receipt For: 2016		ef Legal Officer	
	Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	1
s	UBTOTAL of Receipts This Page (optional)			240.00

SCHEDULE A (FE		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 48 (check only one) (check only one) 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (MVP Health Care			
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella			Date of Receipt
City	State	Zip Code	04 15 2016 Transaction ID : SA11AI.34550
Schenectady FEC ID number of contrib federal political committee	uting	12303	Amount of Each Receipt this Period 80.00
Name of Employer MVP Health Care, Inc. Receipt For: 2016 Primary X Ge Other (specify)		of Legal Officer Year-to-Date ▼ 640.00	Memo Item
B. Full Name (Last, First, Mid Denise Gonick Mailing Address 803 Via M			Date of Receipt
City Schenectady FEC ID number of contrib	State NY	Zip Code 12303	04 29 2016 Transaction ID : SA11AI.34551 Amount of Each Receipt this Period
federal political committee Name of Employer MVP Health Care, Inc.	Occupation	f Legal Officer	Memo Item
Receipt For: 2016 Primary X Ge Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]
C. Denise Gonick			Date of Receipt
Mailing Address 803 Via M City Schenectady	Marchella State NY	Zip Code 12303	05 13 2016 Transaction ID : SA11AI.34552
FEC ID number of contrib federal political committee	uting		Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Receipt For: 2016 Primary X Ge Other (specify) ▼		of Legal Officer Year-to-Date ▼ 800.00	Memo Item
SUBTOTAL of Receipts This	s Page (optional)		240.00

9 9 9

CHEDULE A (FEC Form 3X) 'EMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page Market in the solution of the purpose of soliciting contributions								
State	Zip Code	Date of Receipt						
		Amount of Each Receipt this Period 80.00 Memo Item						
	5]						
State	Zip Code	Date of Receipt						
NY C Occupation EVP & Chie	12303 f Legal Officer	Amount of Each Receipt this Period						
	-	Date of Receipt 06 24 2016 Transaction ID : SA11AI.34555 Amount of Each Receipt this Period 80.00 Memo Item						
	d Statements ma the name and a I PAC State NY C Occupation EVP & Chie Aggregate State NY C Occupation EVP & Chie Aggregate State NY C Occupation EVP & Chie	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any p the name and address of any political committee I PAC State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date State Zip Code NY 12303 C 880.00 State Zip Code NY 12303 C 880.00 State Zip Code NY 12303 C 960.00 State Zip Code NY 12303 C 960.00						

SUBTOTAL of Receipts This Page (optional)		7	 				0.00	
TOTAL This Period (last page this line number only)	-	7		- 7	-	-		-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 23 OF 48 (check only one) I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Full Name (Last, First, Middle Initial) A. Rosemarie Hogan			Date of Receipt
Mailing Address 45 Crestwood Drive	-		M = M / D = D / Y = Y = Y Y 04 01 2016
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.34570 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP	Occupation Administrative		— Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate Year	-to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Mailing Address 45 Crestwood Drive			Date of Receipt
City Schenectady FEC ID number of contributing federal political committee.	State NY	Zip Code 12306	04 15 2016 Transaction ID : SA11AI.34571 Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Administrative		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate Year	-to-Date ▼ 240.00	1
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan			Date of Receipt
Mailing Address 45 Crestwood Drive			04 29 _2016
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.34572 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Memo Item		
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate Year	-to-Date ▼ 270.00]
SUBTOTAL of Receipts This Page (optional)			90.00

.

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 48 (check only one)
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pound and pound any pound any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Rosemarie Hogan			Date of Receipt
	Mailing Address 45 Crestwood Drive	State	Zip Code	05 13 2016 Transaction ID : SA11AI.34573
	Schenectady	NY	12306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation Administrat		— Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 300.00]
В.	Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive			Date of Receipt
	City Schenectady	State NY	Zip Code 12306	05 27 _2016
	FEC ID number of contributing federal political committee.	С		
	Name of Employer MVP	Occupation Administrati		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Rosemarie Hogan			Date of Receipt
	Mailing Address 45 Crestwood Drive	01-1-	7. 0.1	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.34575 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation Administrat		— Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
s	UBTOTAL of Receipts This Page (optional)			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 48 (check only one)					
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC							
Full Name (Last, First, Middle Initial) A. Rosemarie Hogan			Date of Receipt					
Mailing Address 45 Crestwood Drive			M M / D D / Y Y Y Y Y 06 24 2016					
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.34576 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer	Occupation Administrati		Memo Item					
Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 390.00]					
Full Name (Last, First, Middle Initial) B. Kevin Husted			Date of Receipt					
Mailing Address 38 Fox Hill Drive		7.0.1	04 01 Y Y Y Y 04 01 2016					
City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.34584 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer MVP	Occupation VP Informat	ion Technology	Memo Item					
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]					
Full Name (Last, First, Middle Initial) C. Kevin Husted			Date of Receipt					
Mailing Address 38 Fox Hill Drive			04 15 2016					
City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.34585 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer MVP	Occupation VP Informat	ion Technology	Memo Item					
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]					
SUBTOTAL of Receipts This Page (optional)			90.00					

~			r	
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 48 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Kevin Husted			Date of Receipt
	Mailing Address 38 Fox Hill Drive			M M / D D / Y Y Y Y 04 29 2016
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.34586 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation VP Information	tion Technology	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]
В.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive			Date of Receipt
	City	State	Zip Code	05 13 2016
	Fairport	NY	14450	Transaction ID : SA11AI.34587 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation VP Informat	tion Technology	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
с.	Full Name (Last, First, Middle Initial) Kevin Husted			Date of Receipt
	Mailing Address 38 Fox Hill Drive			05 27 2016
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.34588 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		Memo Item
	MVP Receipt For: 2016		tion Technology	_
_	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00]

SUBTOTAL of Receipts This Page (optional)		7		7		90.00)
TOTAL This Period (last page this line number only)		,		7	_		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for ea Detail	eparate schedule(s) ich category of the ed Summary Page	FOR LINE NUMBER: PAGE 27 OF 48 (check only one) I1a 11b 11c 12 I 13 14 15 16 17							
	v information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	name and address o		erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
Α.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive	State Zip	Code	Date of Receipt							
	Fairport FEC ID number of contributing federal political committee.	NY 144		Transaction ID : SA11AI.34589 Amount of Each Receipt this Period 30.00							
	Name of Employer MVP Receipt For: 2016 Primary X General Other (specify)	Occupation VP Information Tech Aggregate Year-to-I		Memo Item							
В.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive			Date of Receipt							
	City Fairport FEC ID number of contributing federal political committee.	State Zip NY 144	Code 50	Transaction ID : SA11AI.34590 Amount of Each Receipt this Period 30.00							
	Name of Employer MVP Receipt For: 2016 Primary Other (specify) ▼	Occupation VP Information Tech Aggregate Year-to-I		Memo Item							
C.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave			Date of Receipt							
	City Albany FEC ID number of contributing federal political committee.	State Zip NY 122	Code 08	Transaction ID : SA11AI.34598 Amount of Each Receipt this Period 50.00							
	Name of Employer MVP Health Care Receipt For: 2016 Primary X General Other (specify) ▼	Occupation VP of Legal Affairs Aggregate Year-to-I	Date ▼ 350.00	Memo Item							

SUBTOTAL of Receipts This Page (optional)	••••••	L		7		7		0.00	
TOTAL This Period (last page this line number only)									l

L

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 48 (check only one) (check only one) 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC								
Α.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave	State	Zin Codo	Date of Receipt						
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.34599						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer MVP Health Care Receipt For: 2016 Primary X General Other (specify)			Memo Item						
В.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave			Date of Receipt						
	City Albany	State NY	Zip Code 12208	04 29 2016 Transaction ID : SA11AI.34600 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			50.00						
	Name of Employer MVP Health Care	Occupation VP of Legal		Memo Item						
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]						
<u>с</u> .				Date of Receipt						
	Mailing Address 213 Hansen Ave			05 13 2016						
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.34601 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer	Occupation	1	Memo Item						
	MVP Health Care	VP of Lega	l Affairs							
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00]						
s	UBTOTAL of Receipts This Page (optional)			150.00						

3

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 48 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 I3 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC							
Α.	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt					
	Mailing Address 213 Hansen Ave			05 27 _ 2016					
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.34602 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer MVP Health Care	Occupation VP of Lega		Memo Item					
	Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 550.00]					
в.	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt					
	Mailing Address 213 Hansen Ave			M M / D D / Y Y Y Y Y 06 10 2016					
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.34603 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer MVP Health Care	Occupation VP of Legal		Memo Item					
	Receipt For: 2016 Primary X General Other (specify) V	Aggregate	Year-to-Date ▼ 600.00]					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt					
	Mailing Address 213 Hansen Ave			M M / D D / Y Y Y Y Y 06 24 2016					
	City Albany	State NY	Zip Code 12208	Transaction ID : SA11AI.34604 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer	Occupation	1	Memo Item					
	MVP Health Care	VP of Lega	I Affairs	_					
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00]					
s	UBTOTAL of Receipts This Page (optional)			150.00					

1 9 1 9 1 1 9 1 1 M

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 48 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt
	Mailing Address 70 Benjamin Lane	01-11-	7: 0.1	04 01 / Y Y Y Y Y 04 01 2016
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.34631 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer MVP Health Care	Occupation VP		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00]
В.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt
	Mailing Address 70 Benjamin Lane			04 15 / Y Y Y Y Y 04 15 2016
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.34632 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer MVP Health Care	Occupation VP		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt
	Mailing Address 70 Benjamin Lane			M M / D D / Y Y Y Y 04 29 2016
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.34633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care Receipt For: 2016 Primary X General	VP Aggregate	Year-to-Date ▼	1
Г	Other (specify)	L	630.00	1
s	UBTOTAL of Receipts This Page (optional)			210.00

1 9 1 9 1 1 9 1 1 M

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 48 (check only one) 11a X 11a 13 14
An or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC		
Α.	Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane City	State	Zip Code	Date of Receipt
	Niskayuna	NY	12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer MVP Health Care Receipt For: 2016	Occupation VP Aggregate	Year-to-Date ▼	Memo Item
	Primary X General Other (specify) ▼		700.00]
в.	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt
	Mailing Address 70 Benjamin Lane	05 27 2016		
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.34635
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer MVP Health Care	Occupation VP		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 770.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Margaret Leonard			Date of Receipt
	Mailing Address 70 Benjamin Lane	06 10 / Y Y Y Y 2016		
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.34636 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		70.00
	Name of Employer	Memo Item		
	MVP Health Care			
	Receipt For: 2016 Aggregate Year-to-Date ▼			_
	Other (specify)		840.00	
s	UBTOTAL of Receipts This Page (optional)			210.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 OF 48 (check only one)	
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC			
Α.	Full Name (Last, First, Middle Initial) Margaret Leonard Mailing Address 70 Benjamin Lane	Date of Receipt			
	City Niskayuna	State NY	Zip Code 12309	06 24 2016 Transaction ID : SA11AI.34637 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		70.00	
	Name of Employer MVP Health Care	Occupation VP		Memo Item	
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 910.00		
в.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon			Date of Receipt	
	Mailing Address 1330 Park Avenue				
	Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.34663 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.				
	Name of Employer MVP Service Corp.	Occupation VP of Netwo	ork Operations	Memo Item	
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00		
с.	Full Name (Last, First, Middle Initial) . Mr. Matthew J. Mackinnon			Date of Receipt	
	Mailing Address 1330 Park Avenue	06 10 <u>Y Y Y Y Y</u>			
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.34664 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.00	
	Name of Employer	— Memo Item			
	MVP Service Corp. Receipt For: 2016 Primary X General Other (specify)	For: 2016 imary X General Aggregate Year-to-Date ▼			
s	UBTOTAL of Receipts This Page (optional)		······	110.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 OF 48 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17 rerson for the purpose of soliciting contributions 110 110 110
	g the name and a		e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: 2016 Primary General Other (specify)		Zip Code 14610 ork Operations Year-to-Date ▼ 260.00	Date of Receipt 06 24 2016 Transaction ID : SA11AI.34665 Amount of Each Receipt this Period 20.00 Memo Item
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary General Other (specify) ▼	State NY C Occupation VP Marketin Aggregate		Date of Receipt 04 01 2016 Transaction ID : SA11AI.34666 Amount of Each Receipt this Period 30.00 Memo Item
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: 2016 Primary ✓ General Other (specify)	State NY C Occupation VP Marketi Aggregate		Date of Receipt 04 15 2016 Transaction ID : SA11AI.34667 Amount of Each Receipt this Period 30.00 Memo Item

FEC Schedule A (Form 3X) Rev. 12/2015

а.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 OF 48 (check only one) I1a I1a 11b I1c 12 I3 14 15 16 17	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	٨C		
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave	Date of Receipt		
City Saratoga	State Zip Code NY 12866	04 29 2016 Transaction ID : SA11AI.34668	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
MVP Health Care	Occupation VP Marketing Aggregate Year-to-Date ▼ 270.00	Memo Item	
Full Name (Last, First, Middle Initial) B. Augusta Martin Mailing Address 457 Crescent Ave	Augusta Martin		
City Saratoga FEC ID number of contributing	State Zip Code NY 12866	05 13 2016 Transaction ID : SA11AI.34669 Amount of Each Receipt this Period 30.00	
MVP Health Care	Occupation VP Marketing Aggregate Year-to-Date ▼ 300.00	Memo Item	
Full Name (Last, First, Middle Initial) C. Augusta Martin	Date of Receipt		
Mailing Address 457 Crescent Ave City Saratoga	State Zip Code NY 12866	05 27 2016 Transaction ID : SA11AI.34670 Amount of Each Receipt this Period	
	C Occupation VP Marketing Aggregate Year-to-Date ▼ 330.00	Memo Item	
SUBTOTAL of Receipts This Page (optional)		90.00	

1.....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal F	PAC		
Full Name (Last, First, Middle Initial) A. Augusta Martin			Date of Receipt
Mailing Address 457 Crescent Ave	M M / D D / Y Y Y Y Y 06 10 _ 2016		
City Saratoga	State NY	Zip Code 12866	Transaction ID : SA11AI.34671 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP Health Care	Occupation VP Marketir		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼		Year-to-Date ▼ 360.00]
Full Name (Last, First, Middle Initial) B. Augusta Martin	Augusta Martin		
Mailing Address 457 Crescent Ave	06 24 2016		
Saratoga	State NY	Zip Code 12866	Transaction ID : SA11AI.34672 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP Health Care	Occupation VP Marketir		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
Full Name (Last, First, Middle Initial) C. Laurie Metheny			
Mailing Address 21 Joellen Drive	04 01 _2016 _		
City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.34680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer MVP Health Care	Occupation VP		Memo Item
Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
SUBTOTAL of Receipts This Page (optional)			110.00

. . .

.

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 OF 48 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny	Date of Receipt		
	Mailing Address 21 Joellen Drive	04 15 2016		
	City	State NY	Zip Code 14626	Transaction ID : SA11AI.34681
	Rochester	INT	14020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care	VP		
	Receipt For: 2016	Aggregate	Year-to-Date ▼	
	Primary X General Other (specify)		400.00	
В.	ull Name (Last, First, Middle Initial) _aurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive			04 29 _2016 _
	City	State	Zip Code	Transaction ID : SA11AI.34682
	Rochester	NY	14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive	05 13 2016		
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.34683 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Occupation			50.00
				Memo Item
	MVP Health Care	VP .		
	Receipt For: 2016	Aggregate	Year-to-Date ▼	
	Primary X General Other (specify) V			
s	UBTOTAL of Receipts This Page (optional)		b	150.00

3

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 OF 48						
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC								
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt						
	Mailing Address 21 Joellen Drive	Otata	Zin Oode	05 27 2016						
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.34684 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item						
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00]						
В.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt							
υ.	Mailing Address 21 Joellen Drive			06 10 2016						
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.34685 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer MVP Health Care	Occupation VP	I	Memo Item						
	Receipt For: 2016 Primary ∑ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt						
	Mailing Address 21 Joellen Drive			M = M / D = D / Y = Y = Y 06 24 _ 2016 _						
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.34686 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	50.00								
	Name of Employer	Occupation	1	Memo Item						
	MVP Health Care	VP		_						
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00]						
s	UBTOTAL of Receipts This Page (optional)			150.00						

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 OF 48 (check only one) I1a X 11a 13 14 15 16							
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC									
Α.	Full Name (Last, First, Middle Initial) Carole Montepare			Date of Receipt							
	Mailing Address 100 McLain Court			M M / D D / Y Y Y Y 04 01 2016							
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.34694 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer MVP Health Care	Occupation VP		Memo Item							
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]							
В.	Full Name (Last, First, Middle Initial) Carole Montepare	Date of Receipt									
	Mailing Address 100 McLain Court			04 / D D / Y Y Y Y Y 2016							
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.34695 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer MVP Health Care	Occupation VP		Memo Item							
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]							
с.	Full Name (Last, First, Middle Initial) Carole Montepare			Date of Receipt							
	Mailing Address 100 McLain Court			04 29 2016							
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.34696 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item							
	Receipt For: 2016 Primary ∑ Other (specify) ▼		Year-to-Date ▼ 270.00]							
s	UBTOTAL of Receipts This Page (optional)			90.00							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 OF 48 (check only one) I1a I1a 11b 11c 12 I3 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Carole Montepare Mailing Address 100 McLain Court			Date of Receipt
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.34697 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care Receipt For: 2016 Primary X General Other (specify) ▼	Occupation VP Aggregate	Year-to-Date ▼ 300.00	Memo Item
в.	Full Name (Last, First, Middle Initial) Carole Montepare Mailing Address 100 McLain Court	Date of Receipt		
	City Williamstown FEC ID number of contributing federal political committee.	State MA	Zip Code 01267	05 27 2016 Transaction ID : SA11AI.34698 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Health Care	Occupation VP		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00]
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt
•.	Mailing Address 100 McLain Court			06 10 2016
	City Williamstown	State MA	Zip Code 01267	Transaction ID : SA11AI.34699 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00 Memo Item
	Name of Employer MVP Health Care Receipt For: 2016 Primary X General Other (specify)	Occupation VP Aggregate	Year-to-Date ▼ 360.00	
s	UBTOTAL of Receipts This Page (optional)			90.00

.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			FOR LINE NUMBER: PAGE 40 OF 48 (check only one) (check only one) 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC									
Α.	Full Name (Last, First, Middle Initial) Carole Montepare	Date of Receipt									
	Mailing Address 100 McLain Court	State	Zip Code	06 24 2016							
	Williamstown	MA	01267	Transaction ID : SA11AI.34700 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item							
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]							
в.	Full Name (Last, First, Middle Initial) Susan Montgomery	Date of Receipt									
	Mailing Address 84 York Ave			05 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34705 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item							
	Receipt For: 2016 Primary ∑ General Other (specify) ▼	Year-to-Date ▼ 220.00]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Susan Montgomery			Date of Receipt							
	Mailing Address 84 York Ave			M = M / D = D / Y = Y = Y 06 10 _ 2016 _							
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34706 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer	Occupation	1	Memo Item							
	MVP Health Care	VP									
	Receipt For: 2016 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]							
s	UBTOTAL of Receipts This Page (optional)			70.00							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		FOR LINE NUMBER: PAGE 41 OF 48 (check only one)							
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC								
<u> </u>	Full Name (Last, First, Middle Initial) Susan Montgomery			Date of Receipt						
	Mailing Address 84 York Ave			06 24 2016						
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34707 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item						
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00							
в.	Full Name (Last, First, Middle Initial) James Poole III	Date of Receipt								
	Mailing Address 96 Spar Road	Otata	7. 0.1	05 / ^Y Y Y Y Y 27 2016						
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.34719 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer MVP Health Care	Occupation VP and CIC		Memo Item						
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00							
<u>с</u> .	Full Name (Last, First, Middle Initial) James Poole III			Date of Receipt						
	Mailing Address 96 Spar Road			06 / Y Y Y Y 2016						
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.34720 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer	Occupation	1	Memo Item						
	MVP Health Care	VP and CIC)							
	Receipt For: 2016 Primary X General Other (aposity)	Aggregate	Year-to-Date ▼ 240.00							
s	UBTOTAL of Receipts This Page (optional)		A)A	► 60.00						

1.....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 OF 48 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) James Poole III			Date of Receipt
	Mailing Address 96 Spar Road			M = M / D = D / Y = Y = Y Y 06 24 2016
	City Willington	State CT	Zip Code 06279	Transaction ID : SA11AI.34721 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer MVP Health Care	Occupation VP and CIC		Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]
B	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt		
в.	Mailing Address 160 Fifth Avenue			04 01 _2016 _
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34743 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item
	Receipt For: 2016 Primary ∑ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
	Mailing Address 160 Fifth Avenue			M = M / D = D / Y = Y = Y 04 15 _2016 _
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34744 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation	1	Memo Item
	MVP Health Care Receipt For: 2016 Primary X General Other (specify)	VP Aggregate	Year-to-Date ▼ 240.00]
s	UBTOTAL of Receipts This Page (optional)			80.00

3

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 OF 48 (check only one)				
Any information copied from such Reports and Stateme 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. Daniel Sauer		Date of Receipt				
Mailing Address 160 Fifth Avenue		04 29 2016				
City St Saratoga Springs N	ate Zip Code Y 12866	Transaction ID : SA11AI.34745 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		30.00				
Name of EmployerOccMVP Health CareVP	upation	— Memo Item				
Receipt For: 2016 Agg Primary X General Other (specify) ▼ Image: Control of the specified of the specifie	regate Year-to-Date ▼ 270.00]				
Full Name (Last, First, Middle Initial) B. Daniel Sauer	Daniel Sauer					
Mailing Address 160 Fifth Avenue		05 13 Y Y Y Y Y 06 13				
City St Saratoga Springs N	ate Zip Code Y 12866	Transaction ID : SA11AI.34746 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		30.00				
MV/D Lloolth Core	upation	Memo Item				
Descript Form and a	regate Year-to-Date ▼ 300.00	1				
Full Name (Last, First, Middle Initial) C. Daniel Sauer		Date of Receipt				
Mailing Address 160 Fifth Avenue		05 27 2016				
City St Saratoga Springs N	ate Zip Code Y 12866	Transaction ID : SA11AI.34747 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		30.00				
Name of Employer Occ MVP Health Care VP	upation	Memo Item				
Possint For: 2016	regate Year-to-Date ▼ 330.00]				
SUBTOTAL of Receipts This Page (optional)		90.00				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 OF 48 (check only one)
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
	Mailing Address 160 Fifth Avenue			M M / D D / Y Y Y Y Y 06 10 _ 2016 _
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34748
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation		Memo Item
	MVP Health Care Receipt For: 2016 Primary ✓ Other (specify) ▼	VP Aggregate	Year-to-Date ▼ 360.00	
В.	Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
	Mailing Address 160 Fifth Avenue	06 24 _2016		
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.34749 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care	Occupation VP	1	Memo Item
	Receipt For: 2016 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
<u> </u>	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 federal political committee.	С		
	Name of Employer	Occupation		Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			60.00
L-	OTAL This Pariod (last page this line number	only)		5230.00

7

S	CHEDULE B (FEC Form 3X)						NE NUMBER: PAGE 45 OF 48								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck		nly one) b 22 🗙 23 24 25 -								
			d Summary Page		\square	21b 27	┝	22 	×	23 28b	24 28c	-	25 29	26 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar					per		for the		oose o	of solicitir		ntribu	tions	
\backslash	NAME OF COMMITTEE (In Full)														
	MVP Health Care Inc. Federal PA	C													
_	Full Name (Last, First, Middle Initial)							Data	(D:						
А.	COLLINS FOR CONGRESS							Date o	_						
	Mailing Address PO BOX 386						04 / D D / Y Y Y Y Y 2016								
	- 7	State	Zip Code					Trans	sacti	on ID	: SB23.3	4857	,		
	CLARENCE	NY	14031					man	Juon		. 0020.0	4001			
	Purpose of Disbursement			0	11	٦		Amoun	t of	Each	Disburse	ment	t this	Period	
	Candidate Name			Cate	aor	w/		<u> </u>		-					
	CHRISTOPHER C COLLINS				/pe	y/		<u> </u>		,			1000.	00	
	Office Sought: X House Disburse Senate X President	ment For: Primary	General					Me	mo li	tem					
	State: NY District: 27	Other (sp	ecity) 🔻												
	Full Name (Last, First, Middle Initial)														
В.	ELISE FOR CONGRESS							Date o	_						
	Mailing Address PO BOX 338						04 12 2016								
	City WILLSBORO	State Zip Code NY 12996					1	Transaction ID : SB23.34856							
	Purpose of Disbursement			0)11			Amoun	t of	Fach	Disburse	ment	t this	Period	
	Candidate Name	Category/ Type												renou	
	ELISE M STEFANIK							1000.00							
		ment For: Primary Other (sp	General	Type				Memo Item							
	State: NY District: 21		•												
C.	Full Name (Last, First, Middle Initial)							Date o							
	Mailing Address 192 LEXINGTON AVE. SUITE 1001						1	м м 06	/	2			016	Y	
	City	State	Zip Code					Trans	sacti	ion ID	: SB23.3	34860)		
	NEW YORK Purpose of Disbursement	NY	10016				_								
	Tupose of Disbursement			0	11			Amoun	t of	Each	Disburse	mont	t thic	Poriod	
	Candidate Name Categ							Amoun		Lacii	DISDUISE				
	IMPACT				ype	y,		2000.00							
	Senate President	ment For: Primary Other (sp	X General					Me	mo li	tem					
State: District:												_			
s	UBTOTAL of Disbursements This Page (optional)					►				,	7		4000.	00	
Т	OTAL This Period (last page this line number only)								,					

SC	HEDULE B (FEC Form 3	FC	DR	LINE N	NUMBER: PAGE 46 OF 48												
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the	·		k only											
			led Summary Page			210	22 28a		23 28b		24 28c	25	26				
	y information copied from such Reports for commercial purposes, other than usir																
$\left \right $	NAME OF COMMITTEE (In Full)																
	MVP Health Care Inc. Fede	ral PAC															
-	Full Name (Last, First, Middle Initial)						Data	4 D:									
А.	KATKO FOR CONGRESS	Date of Disbursement								V							
	Mailing Address 5407 ANVIL DRIVE						04 12 2016										
	City	State	Zip Code				Transaction ID : SB23.34853										
	CAMILLUS Purpose of Disbursement	NY	13031				man	Juon		. 00	20.04						
	Fulpose of Disbursement			0	11		Amour	nt of	Each	Disb	ursem	ent this	Period				
				Cate								1000	.00				
	JOHN M KATKO Office Sought: X House	Disbursement Fo	r: 2016	Ту	ype		1000.00										
	Senate President	Primary					Me	emo l	tem								
_	State: NY District: 24																
	Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONG	RESS					Date o	_									
	Mailing Address 911 CENTRAL AVENU PO BOX 221	E						04 / D D / Y Y Y Y 2016									
	City ALBANY	State NY	Zip Code 12206				Transaction ID : SB23.34859										
	Purpose of Disbursement			0)11		Amour	nt of	Each	Dich	urcom	ont this	Period				
	Candidate Name					m /	Amount of Each Disbursement this Period										
	PAUL DAVID TONKO			Cate Ty	/pe												
	Office Sought: House Senate President	Disbursement Fo					Με	mo li	tem								
	State: NY District: 21																
	Full Name (Last, First, Middle Initial)	FOR CON	GRESS				Date o	_		ement		Y Y	Y				
	Mailing Address PO BOX 270						04			2		2016					
	City NEWBURGH	State NY	Zip Code 12550				Tran	sact	ion ID	: SB	23.34	858					
	Purpose of Disbursement			0	11												
	Candidate Name			Cate	11 200	rv/	Amour	nt of	Each	Disb	ursem	ent this	Period				
	SEAN PATRICK MALONE			ype				7		7	1000	.00					
	Office Sought: House Senate President State: NY District: 18	Disbursement Fo Primary Other (Μ	emo l	tem								
	UBTOTAL of Disbursements This Page ((optional)										4000	0.00				
1 2	BEIGHAE OF DISpursements This Fage (-	7								

SCHEDULE B (FEC Form 3X)		FOF		NUMBER: PAGE 47 OF 48							48				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			ly one)							26				
	Detailed Summary Page		210	288	ι <mark>Α</mark>	23 28b	28		29		20 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam	nents may not be sold or used ne and address of any political	d by ai I comn	ny per nittee	son for th	e purp contrib	oose o utions	of solicit	ting co uch c	ontribu ommit	itions tee.					
MVP Health Care Inc. Federal PAC	;														
Full Name (Last, First, Middle Initial)															
A. TOM REED FOR CONGRESS		Date of Disbursement													
Mailing Address PO BOX 10847				04 / D D / Y Y Y Y 2016											
,	State Zip Code			Transaction ID : SB23.34855											
ROCHESTER Purpose of Disbursement	NY 14610														
Fulpose of Disbursement	1	01	1	Amou	int of	Each	Disburs	emen	t this	Perio	d				
Candidate Name		Categ	iory/			-			1000.	00					
THOMAS W II REED		Тур				7			1000.	00	_				
Office Sought: X House Disburser Senate President	nent For: 2016 Primary X General Other (specify) v				lemo li	tem									
State: NY District: 23															
Full Name (Last, First, Middle Initial) B.				Date	of Dis	burse	ment								
				M	M /	D	D /	Y Y	Y	Y					
Mailing Address			L												
City															
Purpose of Disbursement	Purpose of Disbursement							Amount of Each Disbursement this Period							
Candidate Name	I	Amou	Amount of Each Disbursement this Period												
		Categ Typ													
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) v	Memo Item													
State: District:															
Full Name (Last, First, Middle Initial)				Date	of Dis	sburse			Ý	V					
Mailing Address															
City	State Zip Code														
Purpose of Disbursement			_	-											
Candidate Name	Categ Typ	jory/	Amou			Disburs		t this	Perio	d					
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼				lemo It	,									
State: District:															
SUBTOTAL of Disbursements This Page (optional)			•••• ►			,	,		1000.	00					
TOTAL This Period (last page this line number only)			►			,			9000.	00					

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 48 OF 48 FOR LINE NUMBER: (check only one) 9 X 10	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	2			
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 Cincinnati	Zip Code OH 45274			
Outstanding Balance Beginning This Period 145.00			on ID : SD10.4163	
Amount Incurred This Period	Payment This Period		Outstanding Balance at Close of This Period 145.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done		Nature of D Advertising	ebt (Purpose):	
Mailing Address 96 Jay Street				
City State Schenectady	Zip Code NY 12305			
Outstanding Balance Beginning This Period		Transact	ion ID : SD10.4165	
338.00				
338.00 Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period	
	Payment This Period		ng Balance at Close of This Period 338.00	
Amount Incurred This Period	0.0	00		
Amount Incurred This Period 0.00	0.0	00	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del	0.0	00	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del Mailing Address	btor or Creditor	00	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City	btor or Creditor	00 Nature of D	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City Outstanding Balance Beginning This Period	btor or Creditor State Zip Code	00 Nature of D	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City Outstanding Balance Beginning This Period	State Zip Code Payment This Period	00 Nature of D	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	btor or Creditor State Zip Code Payment This Period	00 Nature of D Outstandin	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Del Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	State Zip Code Payment This Period	00 Nature of D Outstandin	338.00 ebt (Purpose):	