PAGE 1 / 53

**FEC** 

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIN 3	For	Other Than An A	uthorized	Committ	ee		Office Us	se Only	
1. NAME OF COMMITTEE		PE OR PRINT ▼		mple: If typ	ing, type	12FE4	M5		
MVP Health	Care Inc. Fe	deral PAC							
ADDRESS (numbe  ▼ Check if	r and street) L	25 State Street							
than pre- reported.	viously , g	Schenectady				NY	12305		
2. <b>FEC IDENTI</b>	FICATION NUMB	BER ▼	CITY A			STATE A		ZIP CODE	<b>A</b>
C C0043	11429	3.	IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4. TYPE OF F (Choose One)  (a) Quarterly	Reports:	Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	ĕ	May 20 (M5) Jun 20 (M6) Jul 20 (M7)		aug 20 (M8) sep 20 (M9) Oct 20 (M10)	De (No Yea	ov 20 (M11) on-Election ar Only) ecc 20 (M12) on-Election ar Only) an 31 (YE)
July Qua V Octo	rterly Report (Q1)	(c) 12-Day PRE-Election Report for the		Primary (12)		-	ral (12G) al (12S)	Ru in the	unoff (12R)
Year July Rep Year	-End Report (YE) 31 Mid-Year ort (Non-election Only) (MY) nination Report	(d) 30-Day POST-Election Report for the		General (30	G)	Runo	if (30R)	State of  Sp  in the State of	pecial (30S)
5. Covering Peri	od 07	<u> </u>	Y Y	through	M M M	/ D D D 30	/ Y Y 201	YY	
I certify that I hav Type or Print Nam	E	eport and to the best Estey, Jordan, T, ,	of my knov	vledge and	belief it is tru	ue, correct	and complet	e.	
Signature of Treas	Estey, Jor	dan, T, ,	ı	[Electronical	ly Filed] [	Date 10	D / 17		2016
NOTE: Submission	of false, erroneous	, or incomplete informa	ition may sul	bject the pe	rson signing t	his Report t	o the penaltie	es of 52 U.S	S.C. § 30109
Office Use								FORM Rev. 05/2016	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC <b>Form 3X</b> (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From:	01 / 2016 T	To: 09 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	53127.34	
(c) Total Receipts (from Line 19)	7552.00	21793.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60679.34	76679.34
7. Total Disbursements (from Line 31)	5000.00	21000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55679.34	55679.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multication	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP H	ealth	Care	Inc.	Federal	PAC
-------	-------	------	------	---------	-----

Report Covering the Period: From:	01 2016	To: 09 / 30 / 2016			
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees					
(i) Itemized (use Schedule A)	5700.00	12490.00			
("\	1852.00	9303.00			
(ii) Unitemized	1632.00	9303.00			
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	7552.00	21793.00			
Lines 11(a)(i) and (ii)	4	45 45			
(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		04700 00			
Totals to Line 33, page 5)▶	7552.00	21793.00			
Transfers From Affiliated/Other		0.00			
Party Committees	0.00	0.00			
All Lance Descined	0.00	0.00			
All Loans Received	0.00	0.00			
	0.00	0.00			
Loan Repayments Received	0.00	0.00			
Offsets To Operating Expenditures					
(Refunds, Rebates, etc.)	0.00	0.00			
(Carry Totals to Line 37, page 5)  Refunds of Contributions Made	0.00	0.00			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
Other Federal Receipts	4 4	4 4			
(Dividends, Interest, etc.)	0.00	0.00			
Transfers from Non-Federal and Levin Funds	4 4	4 4			
(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))▶	7552.00	21793.00			
Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	7552.00	21793.00			
(Castact Line 10(0) Holli Line 10)	4	2.750.00			

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		5
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	21000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	1 1 4 1 1 4 1 1 4 1	4 1 4 1 4 1 4 1
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(such as PACs)  (d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20))  (a) Allocated Federal Election Activity  (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	21000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	21000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	or dispursements	Page <b>5</b>			
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7552.00	21793.00			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7552.00	21793.00			
66. 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			
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

## ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: 53 PAGE 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page 13 14 16 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House La. 2016 City State Zip Code Transaction ID: SA11AI.34874 NY 12866 Saratoga Spgs. Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item **MVP Health Care** EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General Other (specify) ▼ 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House La. 07 2016 City Zip Code Stato C

	Oity	State	zip Gode	Transaction ID : SA11AI.34875
	Saratoga Spgs.	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) MVP Health Care		ation (for Individual) Network Management	Memo Item
	Receipt For: 2016  Primary   General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00	
<b>)</b> .	Full Name of Individual (Last, First, Middle Initial Austen, Karla, , ,	al) or Full Orga	anization Name	Date of Receipt
	Mailing Address 25 Carriage House La.		08 05 2016	
	City	State	Zip Code	Transaction ID : SA11AI.34876
	Saratoga Spgs.	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer (for Individual) MVP Health Care		ation (for Individual) Jetwork Management	Memo Item
	Receipt For: 2016 Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 960.00	
	SUBTOTAL of Receipts This Page (optional)			180.00
T	OTAL This Period (last page this line number o	nly)	·····	
				EEC Schodulo A (Form 3Y) Poy 06/20

# SCHEDULE A (FEC Form 3X)

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

Use separate schedule(s)

F(	UK	LINE	NU	MRFK	PAGE	-	1	OF		53			
(c	(check only one)												
[	X	11a		11c		12							
		13		14		15		16	;		17		

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla,,, Date of Receipt Mailing Address 25 Carriage House La. 19 2016 City Zip Code State Transaction ID: SA11AI.34877 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 (for Individual) Occupation (for Individual) EVP, Network Management MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1020.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House La. 2016 City State Zip Code Transaction ID: SA11AI.34878 Saratoga Spgs. NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1080.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House La. 16 2016 City State Zip Code Transaction ID: SA11AI.34879 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 (for Individual) Occupation (for Individual) MVP Health Care EVP, Network Management Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1140.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

## SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

ı	FOF	R LINE	NUMBER	:   Ի	'AGE	8	OF	53						
	(check only one)													
	×	11a	11b	11	С	12								
		13	14	15	;	16		17						

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House La. 2016 City Zip Code State Transaction ID: SA11AI.34880 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 (for Individual) Occupation (for Individual) EVP, Network Management MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 07 2016 City State Zip Code Transaction ID: SA11AI.34888 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 22 2016 City Zip Code State Transaction ID: SA11AI.34889 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify)

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

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

140.00

Other (specify)

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

Use separate schedule(s) for each category of the

FC	DR	LINE	NU	MBER	PAGE		9	OF		53			
(cl	(check only one)												
Γ	X	11a		11b		11c		12					
		13		14		15		16	;		17		

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 2016 City Zip Code State Transaction ID: SA11AI.34890 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 640.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 19 2016 City State Zip Code Transaction ID: SA11AI.34891 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 02 2016 City Zip Code State Transaction ID: SA11AI.34892 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **X** General

											_
SUBTOTAL of Receipts This Page (optional)	I		,	I	Ī			12	0.00	_	
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	_	_	-	_	
											_

720.00

FOR LINE NUMBER: PAGE (check only one) **X** 11a 11b 11c

53 10 OF Use separate schedule(s) for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 16 2016 City Zip Code State Transaction ID: SA11AI.34893 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 09 2016 City State Zip Code Transaction ID: SA11AI.34894 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 80 2016 City Zip Code State Transaction ID: SA11AI.34902 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

ı	FOF	LINE	NOMBE	PAGE	-	11 (	៸╴	55				
	(check only one)											
	X	11a	11b		11c		12					
		13	14		15		16		17			

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 2016 City Zip Code State Transaction ID: SA11AI.34903 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 80 05 2016 City State Zip Code Transaction ID: SA11AI.34904 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 19 2016 City Zip Code State Transaction ID: SA11AI.34905 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

53

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 of Individual (Last, First, Middle Initial) or Full Organization Name Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 2016 City Zip Code State Transaction ID: SA11AI.34906 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 09 16 2016 City State Zip Code Transaction ID: SA11AI.34907 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Buhler Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Ct 30 2016 City Zip Code State Transaction ID: SA11AI.34908 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 2016 City Zip Code State Transaction ID: SA11AI.34909 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP Medical Director** MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 2016 City State Zip Code Transaction ID: SA11AI.34910 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Medical Director** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 05 2016 City Zip Code State Transaction ID: SA11AI.34911 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Medical Director** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

53

14 OF

for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 19 2016 City Zip Code State Transaction ID: SA11AI.34912 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP Medical Director** MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 2016 City State Zip Code Transaction ID: SA11AI.34913 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Medical Director** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 16 2016 City Zip Code State Transaction ID: SA11AI.34914 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Medical Director** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

53 FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 285 Willowcrest Drive 2016 City Zip Code State Transaction ID: SA11AI.34915 NY 14618 Rochester Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **VP Medical Director** MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 2016 City State Zip Code Transaction ID: SA11AI.34930 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 22 2016 City Zip Code State Transaction ID: SA11AI.34931 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

EOD LINE NUMBER: DAGE 16 OF Use s

	١,	υn	LIINL	IVO	IVIDEN.		ITAGE		10 1	Oi	,	00
eparate schedule(s)	(c	he	ck only	or	ie)							
ch category of the	۱ ` ـ	`_ '_ '										
• ,		X	11a		11b		11c		12			
ed Summary Page	I ⊦	_							. –	_	_	
			13		14		15		16			17
											_	

for ea Detaile Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 2016 City Zip Code State Transaction ID: SA11AI.34932 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 640.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 80 19 2016 City State Zip Code Transaction ID: SA11AI.34933 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 02 2016 City State Zip Code Transaction ID: SA11AI.34934 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

53 FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 16 2016 City Zip Code State Transaction ID: SA11AI.34935 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 7723 Majestic Drive 2016 City State Zip Code Transaction ID: SA11AI.34936 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Regional Network Director Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 80 2016 City Zip Code State Transaction ID: SA11AI.34937 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 (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 840.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 18 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

53

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 of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 2016 City Zip Code State Transaction ID: SA11AI.34938 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 05 2016 City State Zip Code Transaction ID: SA11AI.34939 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 960.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 19 2016 City Zip Code State Transaction ID: SA11AI.34940 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 (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1020.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

53 FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 2016 City Zip Code State Transaction ID: SA11AI.34941 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1080.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 16 2016 City State Zip Code Transaction ID: SA11AI.34942 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1140.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Rd 30 2016 City Zip Code State Transaction ID: SA11AI.34943 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 (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1200.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 \_\_\_

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s)

1 01	LIIVE	IVO	IVIDEI		IAGL	. 4	-0	Oi		-
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16			17

ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, , , Date of Receipt Mailing Address 41 E Claremont Dr 2016 City Zip Code State Transaction ID: SA11AI.34971 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Senior Government Affairs Specialist MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 2016 City State Zip Code Transaction ID: SA11AI.34993 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1120.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 22 2016 City Zip Code State Transaction ID: SA11AI.34994 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 (for Individual) Occupation (for Individual) MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1200.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)		_	,	_	_	,	_	19	0.00	
TOTAL This Period (last page this line number only)	г									٦

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE	2	21	OF	53	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 2016 City Zip Code State Transaction ID: SA11AI.34995 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 (for Individual) Occupation (for Individual) VP, Medicare Products MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 2016 City State Zip Code Transaction ID: SA11AI.34996 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 02 2016 City State Zip Code Transaction ID: SA11AI.34997 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 (for Individual) Occupation (for Individual) MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **X** General 1440.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 16 2016 City Zip Code State Transaction ID: SA11AI.34998 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 (for Individual) Occupation (for Individual) VP, Medicare Products MVP Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Glavey, Patrick, , , Date of Receipt Mailing Address 165 Windemere Road 2016 City State Zip Code Transaction ID: SA11AI.34999 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP, Medicare Products Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 80 2016 City Zip Code State Transaction ID: SA11AI.35000 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 (for Individual) Occupation (for Individual) MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1120.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

53

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 of Individual (Last, First, Middle Initial) or Full Organization Name Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 2016 City Zip Code State Transaction ID: SA11AI.35001 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 (for Individual) Occupation (for Individual) **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 05 2016 City State Zip Code Transaction ID: SA11AI.35002 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 19 2016 City Zip Code State Transaction ID: SA11AI.35003 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 (for Individual) Occupation (for Individual) MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1360.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

53

for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 2016 City Zip Code State Transaction ID: SA11AI.35004 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 (for Individual) Occupation (for Individual) **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 16 2016 City State Zip Code Transaction ID: SA11AI.35005 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 803 Via Marchella 30 2016 City Zip Code State Transaction ID: SA11AI.35006 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 (for Individual) Occupation (for Individual) MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1600.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

53 FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2016 City Zip Code State Transaction ID: SA11AI.35021 Schenectady NY 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2016 City State Zip Code Transaction ID: SA11AI.35022 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 05 2016 City Zip Code State Transaction ID: SA11AI.35023 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

53 FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 19 2016 City Zip Code State Transaction ID: SA11AI.35024 Schenectady NY 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2016 City State Zip Code Transaction ID: SA11AI.35025 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 16 2016 City Zip Code State Transaction ID: SA11AI.35026 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2016 City Zip Code State Transaction ID: SA11AI.35027 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Administrative Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2016 City State Zip Code Transaction ID: SA11AI.35035 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Information Technology** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 22 2016 City Zip Code State Transaction ID: SA11AI.35036 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Information Technology** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 450.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2016 City Zip Code State Transaction ID: SA11AI.35037 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP VP Information Technology Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2016 City State Zip Code Transaction ID: SA11AI.35038 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Information Technology** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 02 2016 City Zip Code State Transaction ID: SA11AI.35039 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Information Technology** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

53 FOR LINE NUMBER: PAGE 29 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 16 2016 City Zip Code State Transaction ID: SA11AI.35040 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP VP Information Technology Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 570.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2016 City State Zip Code Transaction ID: SA11AI.35041 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP **VP Information Technology** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 80 2016 City Zip Code State Transaction ID: SA11AI.35049 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 700.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 2016 City Zip Code State Transaction ID: SA11AI.35050 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 750.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 05 2016 City State Zip Code Transaction ID: SA11AI.35051 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 19 2016 City Zip Code State Transaction ID: SA11AI.35052 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 850.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 2016 City Zip Code State Transaction ID: SA11AI.35053 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 16 2016 City State Zip Code Transaction ID: SA11AI.35054 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 950.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jablonski, Dawn, , , Date of Receipt Mailing Address 213 Hansen Ave 30 2016 City Zip Code State Transaction ID: SA11AI.35055 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP of Legal Affairs Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1000.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c

53

12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 2016 City Zip Code State Transaction ID: SA11AI.35077 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 (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 980.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 07 2016 City State Zip Code Transaction ID: SA11AI.35078 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1050.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 05 2016 City Zip Code State Transaction ID: SA11AI.35079 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 (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1120.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

53 FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 19 2016 City Zip Code State Transaction ID: SA11AI.35080 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 (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1190.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 2016 City State Zip Code Transaction ID: SA11AI.35081 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 16 2016 City Zip Code State Transaction ID: SA11AI.35082 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 (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 1330.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 2016 City Zip Code State Transaction ID: SA11AI.35083 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 (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1330 Park Avenue 07 80 2016 City State Zip Code Transaction ID: SA11AI.35105 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Service Corp. VP of Network Operations Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1330 Park Avenue 22 2016 City Zip Code State Transaction ID: SA11AI.35106 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Service Corp. VP of Network Operations Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 300.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 35 OF Use separate schedule(s) for each category of the Detailed Summary Page

١,		LIIVL	140	IVIDEI	17101	- `	,,	01	~~
(c	he	ck only	or	ie)					
	×	11a		11b	11c		12		
		13		14	15		16		17

		1.0						
	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 of Individual (Last, First, Middle I Mackinnon, Matthew, J., Mr.,	Initial) or Full Organization Name	Date of Receipt						
Mailing Address 1330 Park Avenue	Mailing Address 1330 Park Avenue							
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.35107  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer (for Individual)  MVP Service Corp.	Occupation (for Individual)  VP of Network Operations	Memo Item						
Receipt For: 2016  Primary   General  Other (specify) ▼	Aggregate Year-to-Date ▼  320.00							
Full Name of Individual (Last, First, Middle I Mackinnon, Matthew, J., Mr., Mailing Address 1330 Park Avenue	Initial) or Full Organization Name	Date of Receipt  08 19 2016						
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.35108 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer (for Individual) MVP Service Corp.	Occupation (for Individual) VP of Network Operations	Memo Item						
Receipt For: 2016  Primary   General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00							
Full Name of Individual (Last, First, Middle I Mackinnon, Matthew, J., Mr.,	nitial) or Full Organization Name	Date of Receipt						
Mailing Address 1330 Park Avenue  City	State Zip Code	09 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Rochester	NY 14610	Transaction ID : SA11AI.35109  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	20.00						
Name of Employer (for Individual) MVP Service Corp.	Occupation (for Individual) VP of Network Operations	Memo Item						
Receipt For: 2016 Primary X General Other (specify)	Aggregate Year-to-Date ▼ 360.00							
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00						
TOTAL This Period (last page this line number	er only)							

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

53

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 of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1330 Park Avenue 16 2016 City Zip Code State Transaction ID: SA11AI.35110 NY 14610 Rochester Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Service Corp. VP of Network Operations Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1330 Park Avenue 09 2016 City State Zip Code Transaction ID: SA11AI.35111 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Service Corp. VP of Network Operations Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 80 2016 City Zip Code State Transaction ID: SA11AI.35112 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP Marketing** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 420.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 2016 City Zip Code State Transaction ID: SA11AI.35113 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP** Marketing Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 05 2016 City State Zip Code Transaction ID: SA11AI.35114 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP Marketing** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 19 2016 City Zip Code State Transaction ID: SA11AI.35115 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP Marketing** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

53 FOR LINE NUMBER: PAGE 38 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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 of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 2016 City Zip Code State Transaction ID: SA11AI.35116 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP** Marketing Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 16 2016 City State Zip Code Transaction ID: SA11AI.35117 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP Marketing** Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Martin, Augusta, , , Date of Receipt Mailing Address 457 Crescent Ave 30 2016 City Zip Code State Transaction ID: SA11AI.35118 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **VP Marketing** Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 39 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2016 City Zip Code State Transaction ID: SA11AI.35126 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2016 City State Zip Code Transaction ID: SA11AI.35127 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 05 2016 City Zip Code State Transaction ID: SA11AI.35128 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 800.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

FOR LINE NUMBER: PAGE 40 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

53

for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 19 2016 City Zip Code State Transaction ID: SA11AI.35129 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 850.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2016 City State Zip Code Transaction ID: SA11AI.35130 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 16 2016 City Zip Code State Transaction ID: SA11AI.35131 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

FOR LINE NUMBER: PAGE 41 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2016 City Zip Code State Transaction ID: SA11AI.35132 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 07 80 2016 City State Zip Code Transaction ID: SA11AI.35140 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 22 2016 City Zip Code State Transaction ID: SA11AI.35141 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 450.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

FOR LINE NUMBER: PAGE 42 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

53

for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2016 City Zip Code State Transaction ID: SA11AI.35142 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 19 2016 City State Zip Code Transaction ID: SA11AI.35143 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 02 2016 City Zip Code State Transaction ID: SA11AI.35144 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 16 2016 City Zip Code State Transaction ID: SA11AI.35145 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 570.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2016 City State Zip Code Transaction ID: SA11AI.35146 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 80 2016 City Zip Code State Transaction ID: SA11AI.35147 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 280.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

FOR LINE NUMBER: PAGE 44 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

53

for each category of the 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 of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 2016 City Zip Code State Transaction ID: SA11AI.35148 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 05 2016 City State Zip Code Transaction ID: SA11AI.35149 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 19 2016 City Zip Code State Transaction ID: SA11AI.35150 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Name of Employer (for Individual)

🗶 General

MVP Health Care Receipt For: 2016

Primary

Use separate schedule(s) for each category of the

ı	FOH	PAGE	- 4	45 U	⊢	53				
ı	(check only one)									
	×	11a	11b		11c		12			
ı		13	14		15		16		17	

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 2016 City Zip Code State Transaction ID: SA11AI.35151 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 09 16 2016 City State Zip Code Transaction ID: SA11AI.35152 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Montgomery, Susan, , , Date of Receipt Mailing Address 84 York Ave 30 2016 City Zip Code State Transaction ID: SA11AI.35153 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee.

Other (specify)	400.00						
SUBTOTAL of Receipts This Page (optional)				Ξ	, .	60.00	]
TOTAL This Period (last page this line number only)					7	1 46	]

400 00

Occupation (for Individual)

Aggregate Year-to-Date ▼

Memo Item

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE	- 4	+0	OF	55	
(check only one)										
[	X	11a		11b		11c		12		
		13		14		15		16		17

FOR LINE NUMBER

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 2016 City Zip Code State Transaction ID: SA11AI.35161 Willington CT 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP and CIO MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 07 2016 City State Zip Code Transaction ID: SA11AI.35162 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP and CIO Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 05 2016 City Zip Code State Transaction ID: SA11AI.35163 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP and CIO Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s)

FOR LINE NUMBER:					PAGE	- 4	47 C	) <b>-</b>	53	
(check only one)										
[	×	11a		11b		11c		12		
		13		14		15		16		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 19 2016 City Zip Code State Transaction ID: SA11AI.35164 Willington CT 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP and CIO MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 09 2016 City State Zip Code Transaction ID: SA11AI.35165 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP and CIO Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 16 2016 City Zip Code State Transaction ID: SA11AI.35166 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP and CIO Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

53 FOR LINE NUMBER: PAGE 48 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 2016 City Zip Code State Transaction ID: SA11AI.35167 Willington CT 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP and CIO MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 2016 City State Zip Code Transaction ID: SA11AI.35191 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 22 2016 City Zip Code State Transaction ID: SA11AI.35192 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 450.00 Other (specify) 80.00

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

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

7

FOR LINE NUMBER: PAGE 49 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

53

for each category of the 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 2016 City Zip Code State Transaction ID: SA11AI.35193 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 19 2016 City State Zip Code Transaction ID: SA11AI.35194 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 02 2016 City Zip Code State Transaction ID: SA11AI.35195 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary **✗** General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

## SCHEDULE A (FEC Form 3X)

53 FOR LINE NUMBER: PAGE 50 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 11c 12 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 of Individual (Last, First, Middle Initial) or Full Organization Name Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 16 2016 City Zip Code State Transaction ID: SA11AI.35196 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ Primary ✗ General 570.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sauer, Daniel, , , Date of Receipt Mailing Address 160 Fifth Avenue 09 2016 City State Zip Code Transaction ID: SA11AI.35197 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2016 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 C.

Full Name of Individual (Last, First, Middle)	Date of Receipt		
Mailing Address  City	M = M / D = D / Y = Y = Y		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼	
SUBTOTAL of Receipts This Page (optiona	l)		60.00

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

5700.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 OF 53 (check only one)				
	for each category of the Detailed Summary Page 21t 28t					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC			The second secon			
Full Name (Last, First, Middle Initial)  A. ELISE FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 338			08 04 2016			
City WILLSBORO Purpose of Disbursement		FEC Identification Number				
Candidate Name		011 Category/	Transaction ID : SB23.35299  Amount of Each Disbursement this Period			
Senate President	nent For: 2016  Primary	Туре	1000.00 Memo Item			
State: NY District: 21  Full Name (Last, First, Middle Initial)  B. FASO FOR CONGRESS  Mailing Address PO BOX 448		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
,	State Zip Code NY 12106		FEC Identification Number  C H6NY19169			
Senate	nent For: 2016 Primary <b>x</b> General Other (specify)	O11 Category/ Type	Transaction ID : SB23.35300 Amount of Each Disbursement this Period  1000.00  Memo Item			
Full Name (Last, First, Middle Initial)  KATKO FOR CONGRESS			Date of Disbursement			
Mailing Address 5407 ANVIL DRIVE			08 04 2016			
,	State Zip Code NY 13031	011	FEC Identification Number  C H4NY24073			
Candidate Name KATKO, JOHN M, , ,		Category/ Type	Transaction ID : SB23.35297  Amount of Each Disbursement this Period			
Senate	nent For: 2016  Primary  General  Other (specify)		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			3000.00			
TOTAL This Period (last page this line number only).		·····				

### S П

SCHEDULE B (FEC Form 3X)		FOR LINE	E NUMBER: PAGE 52 OF 53			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(oricon oriny	only one)			
	Detailed Summary Page	21b	22 <b>x</b> 23	26 27 29 30b		
		28a	28b 28c			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,					
MVP Health Care Inc. Federal PAC	,					
Full Name (Lock First Middle Initial)						
Full Name (Last, First, Middle Initial)  A. SEAN PATRICK MALONEY FOR (	CONCRESS		Date of Disbursemer	nt		
SEANT ATRICK MALONETTOR	CONCINESS		M M / D D	/ Y Y Y Y		
Mailing Address PO BOX 270			08 04	2016		
0.4.	7:- OI-					
,	State Zip Code NY 12550		FEC Identification Nu	ımber		
Purpose of Disbursement	12000		C H2NY22139			
		011		SB23 35208		
Candidate Name		Category/	Transaction ID: SB23.35298  Amount of Each Disbursement this Period			
MALONEY, SEAN PATRICK, , ,	. =	Туре		1000.00		
	nent For: 2016 Primary			1000.00		
	Other (specify)					
State: NY District: 18	(1 ), (		Memo Item			
Full Name (Last, First, Middle Initial)						
B. TOM REED FOR CONGRESS			Date of Disbursemer	nt		
M ''' A LL			M = M / D = D	/		
Mailing Address PO BOX 10847			08 04	2016		
City	State Zip Code		FEC Identification Nu	ımher		
110011201211	NY 14610					
Purpose of Disbursement		011	C H0NY29054			
Candidate Name			Transaction ID :			
REED, THOMAS W II, , ,		Category/ Type	Amount of Each Dist	oursement this Period		
	nent For: 2016		1	1000.00		
	Primary <b>x</b> General		, , , , , , , , , , , , , , , , , , , ,	,		
	Other (specify)		Memo Item			
State: NY District: 23  Full Name (Last, First, Middle Initial)			_			
C.			Date of Disbursemer	nt		
			M M / D D	/ Y Y Y Y Y		
Mailing Address						
City	State Zip Code					
			FEC Identification Nu	ımber		
Purpose of Disbursement						
Condidate Name						
Candidate Name	Category/ Type	Amount of Each Disk	oursement this Period			
Office Sought: House Disbursem	Type					
	Primary General			4 4		
President		Memo Item				
State: District:						
			· · · · · ·	2000.00		
SUBTOTAL of Disbursements This Page (optional)		·····•		2000.00		
TOTAL This Period (last page this line number only).				5000.00		

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

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 53 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

53

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 State Zip Code Cincinnati ОН 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 12305 NY 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 Outstanding Balance at Close of This Period Payment This Period Amount Incurred 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) ▶