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Image# 202007029244235000

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORWI 3X	For Other Than	An Authorized	Committee		Office U	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	=/101	mple: If typing, ty	pe 12F	FE4M5	
MVP Health Care Inc	. Federal PAC					
ADDRESS (number and street)	625 State Street					
Check if different than previously reported. (ACC)	Schenectady			NY	1230	5 - -
2. FEC IDENTIFICATION N	NUMBER ▼	CITY ▲		STATE	•	ZIP CODE ▲
C C00431429		3. IS THIS REPORT	x NEW (N)	or [AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report	(b) Monthly Report Due On: (Q1) (c) 12-Day	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 2 Jun 20 Jul 20 Primary (12P)	(M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
July 15 Quarterly Report October 15 Quarterly Report	Report	for the:	Convention (12C)	S	Special (12S)	
January 31 Year-End Report	(YE)	Election on	M M / D M	D / Y I Y	YYY	in the State of
July 31 Mid-Year Report (Non-elect Year Only) (MY)	tion (d) 30-Day POST-E Report	Election for the:	General (30G)	F	Runoff (30R)	Special (30S)
Termination Repo (TER)	π	Election on	M = M / D =	D / Y Y	YY	in the State of
5. Covering Period	04 01	2020	through		0 20	20
I certify that I have examined Type or Print Name of Treasu	Estey, Jordan, T,		vledge and belief	it is true, cor	rect and comple	te.
Signature of Treasurer	tey, Jordan, T, ,		[Electronically Filed	Date	07 / 02	2020
NOTE: Submission of false, erro	oneous, or incomplete	information may su	bject the person si	gning this Rep	oort to the penalti	es of 52 U.S.C. § 30109
Office Use						FORM 3X Rev. 05/2016

SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PA	AC	
Report Covering the Period: From:	04 01 / 2020 To:	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		64176.34
(b) Cash on Hand at Beginning of Reporting Period	65781.34	
(c) Total Receipts (from Line 19)	5280.00	11885.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71061.34	76061.34
7. Total Disbursements (from Line 31)	5000.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66061.34	66061.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a mult	ticandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc	c. Federal PAC
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01 04 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 3360.00 4940.00 (i) Itemized (use Schedule A)..... 1920.00 6945.00 (ii) Unitemized (iii) TOTAL (add 11885.00 5280.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 11885.00 5280.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 11885.00 12, 13, 14, 15, 16, 17, and 18(c))....... 5280.00 20. Total Federal Receipts 5280.00 11885.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

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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)		Salvinaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	4 4
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	0.00	7 7 7
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	5000.00	10000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7	4 4
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	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	10000.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	5000.00	10000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 5280.00 11885.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 11885.00 5280.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the Detailed Summary Page

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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 Lane 10 2020 City Zip Code State Transaction ID: SA11AI.48587 NY Saratoga Springs 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, Chief Financial Officer MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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 Lane 04 2020 City State Zip Code Transaction ID: SA11AI.48588 Saratoga Springs 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, Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 80 2020 City Zip Code State Transaction ID: SA11AI.48589 NY Saratoga Springs 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, Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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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 Lane 2020 City Zip Code State Transaction ID: SA11AI.48590 NY Saratoga Springs 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, Chief Financial Officer MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 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 Lane 05 2020 City State Zip Code Transaction ID: SA11AI.48591 Saratoga Springs 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, Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 19 2020 City Zip Code State Transaction ID: SA11AI.48592 NY Saratoga Springs 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, Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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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 Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2020 10 City Zip Code State Transaction ID: SA11AI.48611 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 04 2020 City State Zip Code Transaction ID: SA11AI.48612 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 80 2020 City Zip Code State Transaction ID: SA11AI.48613 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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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 70 Barclay Square Drive 2020 City Zip Code State Transaction ID: SA11AI.48614 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2020 City State Zip Code Transaction ID: SA11AI.48615 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 19 2020 City Zip Code State Transaction ID: SA11AI.48616 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 19 Julia Court		04 10 2020
City Mahopac	State Zip Code NY 10541	Transaction ID : SA11AI.48617 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle Individual (Last,	Initial) or Full Organization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mahopac	State Zip Code NY 10541	Transaction ID : SA11AI.48618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 19 Julia Court		05 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mahopac	State Zip Code NY 10541	Transaction ID : SA11AI.48619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
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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 106 Birch Street 10 2020 City Zip Code State Transaction ID: SA11AI.48641 NY Liverpool 13088 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: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 04 2020 City State Zip Code Transaction ID: SA11AI.48642 NY Liverpool 13088 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 80 2020 City Zip Code State Transaction ID: SA11AI.48643 NY Liverpool 13088 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: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 106 Birch Street 2020 City Zip Code State Transaction ID: SA11AI.48644 NY Liverpool 13088 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: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 05 2020 City State Zip Code Transaction ID: SA11AI.48645 NY Liverpool 13088 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 19 2020 City Zip Code State Transaction ID: SA11AI.48646 NY Liverpool 13088 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: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 10 2020 City Zip Code State Transaction ID: SA11AI.48647 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) **Chief Operating Officer** MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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 Road 04 20 2020 City State Zip Code Transaction ID: SA11AI.48648 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 Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 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 Road 80 2020 City Zip Code State Transaction ID: SA11AI.48649 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 **Chief Operating Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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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, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2020 10 City Zip Code State Transaction ID: SA11AI.48677 NY Guilderland 12084 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 04 2020 City State Zip Code Transaction ID: SA11AI.48678 Guilderland NY 12084 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 80 2020 City State Zip Code Transaction ID: SA11AI.48679 NY Guilderland 12084 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 10 2020 City Zip Code State Transaction ID: SA11AI.48701 NY Cortlandt Manor 10567 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: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 04 2020 City State Zip Code Transaction ID: SA11AI.48702 Cortlandt Manor NY 10567 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 80 2020 City Zip Code State Transaction ID: SA11AI.48703 NY Cortlandt Manor 10567 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: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2020 City Zip Code State Transaction ID: SA11AI.48704 NY Cortlandt Manor 10567 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: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2020 City State Zip Code Transaction ID: SA11AI.48705 Cortlandt Manor NY 10567 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 19 2020 City Zip Code State Transaction ID: SA11AI.48706 NY Cortlandt Manor 10567 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: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Full Name of Individual (Last, First, Middle Ini Glavey, Patrick, , , Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) Other (specify)	State Zip Code 12180 C Occupation (for Individual) EVP Aggregate Year-to-Date 320.00	Date of Receipt O4 10 2020 Transaction ID : SA11AI.48713 Amount of Each Receipt this Period 40.00 Memo Item
Full Name of Individual (Last, First, Middle Ini Glavey, Patrick, , , Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12180 C Occupation (for Individual) EVP Aggregate Year-to-Date ▼	Date of Receipt M
Full Name of Individual (Last, First, Middle Ini Clavey, Patrick, , , Mailing Address 3 Park Forest Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12180 C Occupation (for Individual) EVP Aggregate Year-to-Date 400.00	Date of Receipt Mark
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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 3 Park Forest Drive 2020 City Zip Code State Transaction ID: SA11AI.48716 NY Pittsford 12180 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: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 05 2020 City State Zip Code Transaction ID : SA11AI.48717 NY Pittsford 12180 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 19 2020 City Zip Code State Transaction ID: SA11AI.48718 NY Pittsford 12180 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: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 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 Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 10 2020 City Zip Code State Transaction ID: SA11AI.48749 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 Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 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 04 2020 City State Zip Code Transaction ID: SA11AI.48750 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 Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 80 2020 City Zip Code State Transaction ID: SA11AI.48751 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 Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 2020 City Zip Code State Transaction ID: SA11AI.48794 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 06 05 2020 City State Zip Code Transaction ID: SA11AI.48795 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 19 2020 City Zip Code State Transaction ID: SA11AI.48796 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 Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 113 Kaydeross Park Road 2020 City Zip Code State Transaction ID: SA11AI.48800 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: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 06 05 2020 City State Zip Code Transaction ID: SA11AI.48801 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 19 2020 City Zip Code State Transaction ID: SA11AI.48802 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: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Α.	Full Name of Individual (Last, First, Middle Init Montgomery, Susan, , , Mailing Address 12 Feeney Road	tial) or Full Orga	anization Name	Date of Receipt
				05 22 2020
	City	State NY	Zip Code 10562	Transaction ID : SA11AI.48830
	Ossining FEC ID number of contributing federal political committee.	C	10002	Amount of Each Receipt this Period 20.00
	Name of Employer (for Individual) MVP Health Care	Occupa VP	Memo Item	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 220.00]
В.	Full Name of Individual (Last, First, Middle Init Montgomery, Susan, , , Mailing Address 12 Feeney Road	tial) or Full Orga	anization Name	Date of Receipt
	City	State	Zip Code	06 05 2020
	Ossining	NY	10562	Transaction ID : SA11AI.48831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) MVP Health Care	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 240.00]
<u> </u>	Full Name of Individual (Last, First, Middle Init Montgomery, Susan, , ,	tial) or Full Orga	anization Name	Date of Receipt
	Mailing Address 12 Feeney Road			06 19 2020
	City Ossining	State NY	Zip Code 10562	Transaction ID : SA11AI.48832 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) MVP Health Care	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 260.00]
H	SUBTOTAL of Receipts This Page (optional)			60.00

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

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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 Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 10 2020 City Zip Code State Transaction ID: SA11AI.48857 NY Castleton 12033 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: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 04 2020 City State Zip Code Transaction ID: SA11AI.48858 NY Castleton 12033 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 80 2020 City Zip Code State Transaction ID: SA11AI.48859 NY Castleton 12033 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: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

36 FOR LINE NUMBER: PAGE 33 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 Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2020 City Zip Code State Transaction ID: SA11AI.48860 NY Castleton 12033 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: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 06 05 2020 City State Zip Code Transaction ID: SA11AI.48861 NY Castleton 12033 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 19 2020 City Zip Code State Transaction ID: SA11AI.48862 NY Castleton 12033 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: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... 3360.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 34 OF 3					
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 28a	22 X 23 26 27 28c 29 30b		
Any information copied from such Reports and Statem	onto mov not be cold or use				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
MVP Health Care Inc. Federal PAC	,				
/					
Full Name (Last, First, Middle Initial)	2		Date of Disbursement		
A. BRIAN HIGGINS FOR CONGRESS	5				
Mailing Address P.O. BOX 28			06 16 2020		
,	State Zip Code		FEC Identification Number		
BUFFALO Purpose of Disbursement	NY 14220				
Fulpose of Dispulsement		011	C C00401034		
Candidate Name		Category/	Transaction ID : SB23.48966 Amount of Each Disbursement this Period		
BRIAN HIGGINS FOR CONGRESS	3	Type	Amount of Each Disbursement this Feriod		
Office Sought: House Disbursem	nent For: 2020		1000.00		
	Primary General				
State: NY District: 26	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
B. ELISE FOR CONGRESS			Date of Disbursement		
ELIGE I GIT GOITGITEGG			M = M / D = D / Y = Y = Y		
Mailing Address PO BOX 338			06 16 2020		
,	State Zip Code NY 12996		FEC Identification Number		
Purpose of Disbursement	12000		C C00547893		
		011	Transaction ID : SB23.48964		
Candidate Name		Category/	Amount of Each Disbursement this Period		
ELISE FOR CONGRESS		Type	4000.00		
	nent For: 2020 Primary General		1000.00		
	Other (specify)				
State: NY District: 21	(1)/		Memo Item		
Full Name (Last, First, Middle Initial)					
C. JOE MORELLE FOR CONGRESS			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address P.O. BOX 90914			06 16 2020		
City	State Zip Code		FFO Identification Number		
ROCHESTER	NY 14609		FEC Identification Number		
Purpose of Disbursement		'au.'	C C00675108		
Candidate Name		011	Transaction ID: SB23.48965		
JOE MORELLE FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period		
	nent For: 2020	1,700	1000.00		
	Primary General				
President	Other (specify) ▼		Memo Item		
State: NY District: 25					
CURTOTAL of Distance and This Co. (1)			3000.00		
SUBTOTAL of Disbursements This Page (optional)		······			
TOTAL This Period (last page this line number only).					

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SCHEDULE B (FEC Form 3X)	I la	and and and to the	FOR LINE	NUMBER:				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		- CO -			
		Summary Page	21b 28a	22 28b	23 28c	26 27 29 30b		
Any information copied from such Paparta and Statem	onte mou s	ot he sold or us						
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	e and addre	ess of any politic	al committee to	solicit con	purpose or so itributions froi	m such committee.		
NAME OF COMMITTEE (In Full)								
MVP Health Care Inc. Federal PAC	;							
/								
Full Name (Last, First, Middle Initial)				Date of	Data of Dishursement			
A. PAUL TONKO FOR CONGRESS				Date of Disbursement				
Mailing Address 911 CENTRAL AVENUE				06 16 2020				
PO BOX 221								
,	State NY	Zip Code 12206		FEC Ide	entification Nu	umber		
Purpose of Disbursement	141	12200		С	C00450049			
			011			SB23.48963		
Candidate Name			Category/			oursement this Period		
PAUL TONKO FOR CONGRESS			Туре					
0	nent For: 20					1000.00		
	Primary Other (speci	☐ General						
State: NY District: 20	or (opool			Mer	mo Item			
Full Name (Last, First, Middle Initial)								
B. SEAN PATRICK MALONEY FOR (Date of	Disbursemer	nt				
A4 33			м = м 06	/ D D	2020			
Mailing Address PO BOX 270	waiiing Address PO BOX 270							
City	State	Zip Code		EEO 1d	ontification N	ımhor		
NEWBURGH	NY	12550		FEC IDE	entification Nu	JUDEI		
Purpose of Disbursement			011	C	C00512426			
Candidate Name			011		nsaction ID :			
SEAN PATRICK MALONEY FOR O	CONGRI	ESS	Category/ Type	Amount	of Each Dist	oursement this Period		
	nent For: 2		71: -			1000.00		
	Primary	General			7	7		
	Other (speci	ify)		Mer	mo Item			
State: NY District: 18								
Full Name (Last, First, Middle Initial) C.				Date of	Disbursemer	nt		
				M M	/ D D	/ Y Y Y Y		
Mailing Address								
Oih.	N-1-	Zin O - d -						
City	State	Zip Code		FEC Ide	entification Nu	umber		
Purpose of Disbursement				С				
Candidate Name			Category/	Amount	of Each Disk	oursement this Period		
Office Sought: House Disbursem	ont For:		Туре					
	nent For: Primary	General			7	7 7		
	Other (speci			NA:-	ma Itam			
State: District:	. 1			Mei	mo Item			
· ·								
SUBTOTAL of Disbursements This Page (optional)			·····•			2000.00		
						5000.00		
TOTAL This Period (last page this line number only).				1.0		5555.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 36 OF
FOR LINE NUMBER:

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
A. Full Name (Last, First, Middle Initial) of Debtor Deluxe Business Checks	or Creditor		Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572			
City Cincinnati	State OH	Zip Code 45274	
Outstanding Balance Beginning This Period		'	Transaction ID : SD10.4163
145.00			
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 145.00
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor	7 4	Nature of Debt (Purpose):
Media Well Done	. Ground		Advertising
Mailing Address 96 Jay Street			
City Schenectady	State NY	Zip Code 12305	
Outstanding Balance Beginning This Period 338.00			Transaction ID : SD10.4165
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
0.00		0.00	338.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)			483.00
2) TOTALS This Period (last page this line number o	nly)		483.00
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page or	nly)	0.00
4) ADD 2) and 3) and carry forward to appropriate lir	483.00		