FEC FORM 3X

11/23/2020 15 : 22

PAGE 1 / 46

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

					Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M	15	
MVP Health Care Inc. Fee	deral PAC					
ADDRESS (number and street)	25 State Street					
Check if different than previously reported. (ACC)	Schenectady			NY	12305 	
2. FEC IDENTIFICATION NUMB	ER 🔻	CITY ▲		STATE 🔺	ZIP COI	DE 🔺
C C00431429		3. IS THIS REPORT	× (N) OR		MENDED)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M	5) Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day PRE-Election	on	ary (12P)	General		Runoff (12R)
October 15 Quarterly Report (Q3)	Report for	the: Con	vention (12C)	Special ((12S)	
January 31 Year-End Report (YE)		Election on	M / D D /	YYYYY	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Elec Report for		eral (30G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)		М	11 / D D /	Y Y Y Y 2020	in the State of	NY
5. Covering Period		2020 th	rough 11	M / D D / 23	2020	
	eport and to the b Estey, Jordan, T, ,	est of my knowled	ge and belief it is	true, correct and	d complete.	
Type or Print Name of Treasurer						
Signature of Treasurer	dan, T, ,	[Elec	tronically Filed]	Date 11	M / D D / 23	2020
NOTE: Submission of false, erroneous	, or incomplete info	rmation may subject	the person signing	this Report to t	he penalties of 52	U.S.C. § 30109
Office Use Only					FEC FOR Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
I	MVP Health Care Inc. Federal PA	C	
F		10 01 / Y Y Y Y Y 2020 To:	M M / D D / Y Y Y Y 11 23 2020
		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	64186.34	
	(c) Total Receipts (from Line 19)	3300.00	21310.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	67486.34	85486.34
7.	Total Disbursements (from Line 31)	17.00	18017.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67469.34	67469.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

I. Receipts COLUM Total This Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		COLUMN B Calendar Year-to-Date
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	500.00 3300.00 0.00 0.00	9510.00 21310.00 0.00 0.00
 Than Political Committees (i) Itemized (use Schedule A)	500.00 3300.00 0.00 0.00	9510.00 21310.00 0.00 0.00
 (i) Itemized (use Schedule A)	500.00 3300.00 0.00 0.00	9510.00 21310.00 0.00 0.00
 (ii) Unitemized	3300.00 0.00 0.00	21310.00 0.00 0.00
 (iii) TOTAL (add Lines 11(a)(i) and (ii)	3300.00 0.00 0.00	21310.00 0.00 0.00
 Lines 11(a)(i) and (ii)	0.00	0.00
 (b) Political Party Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees All Loans Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 	0.00	0.00
 (c) Other Political Committees (such as PACs)	0.00	0.00
 (c) Other Political Committees (such as PACs)		
 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees All Loans Received Loan Repayments Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 		
 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other Party Committees All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 	3300.00	21310.00
Totals to Line 33, page 5)	3300.00	21310.00
Transfers From Affiliated/Other Party Committees All Loans Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts		
Party Committees All Loans Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts		
 Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.0
 Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees		
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 	0.00	0.00
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 		
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 	0.00	0.0
 (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 		
 Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts 	0.00	0.00
Political Committees Other Federal Receipts		
Other Federal Receipts		
	0.00	0.00
	0.00	0.0
Transfers from Non-Federal and Levin Funds	0.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transform (add 19(a) and 19(b))	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))▶		21310.00
	3300.00	



Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	17.00	17.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17.00	17.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	18000.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(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	4	4 4 4
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101)(a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(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
(c) Total Federal Election Activity (add 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))	17.00	18017.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	17.00	18017.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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						0.00
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	4	-			-	3300.00
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L	4	7			-7	0.00
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21310.00						
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17.00						
	-		1	-7		- 5
0.00						
	7			-7		- 5
17.00						

COLUMN B

Calendar Year-to-Date



SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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			Detailed Summary Page		1 1a		11b	11c		12	
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			/ not be sold or used by any p dress of any political committee								
\	COMMITTEE (In Full)										
> MVP H€	ealth Care Inc. Feder	al PAC									
Full Name of A. Austen, K	of Individual (Last, First, Middle Karla, , ,	e Initial) or Full Or	ganization Name		Date o	fR	eceipt				
Mailing Add	ress 25 Carriage House Lane				10 ^M		09 D) / Y	Y 20)20	Y
City		State	Zip Code		Trans	sac	tion ID :	SA11AI.	494	26	
Saratoga S	prings	NY	12866		Amoun	t of	Each F	Receipt th	nis P	eriod	
	nber of contributing ical committee.	С					-			60.0	
Name of Er	mployer (for Individual)	Occu	pation (for Individual)		M	lem	o Item				
MVP Health	Care	EVP,	Chief Financial Officer								
Receipt For		Aggregate	lear-to-Date ▼								
Prima	ry General	7.99109410		11							
Other	(specify) ▼		1260.00								
Full Name o B. Austen, I	of Individual (Last, First, Middle Karla, , ,	e Initial) or Full Or	ganization Name		Date o	fR	eceipt				
Mailing Add	ress 25 Carriage House Lane				10 ^M	1	23) / Y	20)20	Y
City		State	Zip Code		Trans	act	tion ID :	SA11AL	4942	27	
Saratoga S	prings	NY	12866		Amoun	t of	f Each R	Receipt th	nis P	eriod	
	nber of contributing ical committee.	C			<u> </u>		т. і -т. і			60.0	00
Name of Er MVP Health	mployer (for Individual) Care		pation (for Individual) , Chief Financial Officer		M	lem	o Item				
Receipt For		Aggregate	/ear-to-Date ▼								
Prima Other	ry General (specify) ▼		1320.00]							
Full Name o	of Individual (Last, First, Middle Karla , , ,	e Initial) or Full Or	ganization Name		Date o	f R	eceipt				
Mailing Add	ress 25 Carriage House Lane				M M	1	06) / Y)20 [°]	Y
City		State	Zip Code		Trans	sac	tion ID :	SA11AI	494	28	
Saratoga S	prings	NY	12866		Amoun	t of	FEach F	Receipt th	nis P	eriod	
	nber of contributing ical committee.	С			<u> </u>		, .	, ,		60.0	00
MVP Health			pation (for Individual) Chief Financial Officer		M	lem	o Item				
Receipt For Prima		Aggregate	/ear-to-Date ▼ 1380.00	1							

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use for e Deta

separate schedule(s) each category of the

FOR LINE NUMBER:

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PAGE

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46

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	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	MVP Health Care Inc. Federal P	AC											
Α.	Full Name of Individual (Last, First, Middle Initi Austen, Karla, , ,	al) or Full C	Orgar	nization Name		D	ate of	f Re	ceipt				
	Mailing Address 25 Carriage House Lane				ſ	м м 11	/	D 20			2020	Y	
	City	State		Zip Code			Trans	act	ion ID :	SA11A	1.494	29	
	Saratoga Springs	NY		12866	_	A	mount	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С							-		_	60.0	00
	Name of Employer (for Individual) MVP Health Care		•	ion (for Individual) nief Financial Officer		l	M	emc	ltem				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General	7 .99. 09u.0			11								
	Other (specify) V	<u> </u>	-1	1440.00									
В.	Full Name of Individual (Last, First, Middle Initi Bourgault, Steven, , ,	al) or Full C	Orgar	nization Name		D	ate of	f Re	ceipt				
	Mailing Address 3089 NY-43					_	м м 10	/	. 09		21	020	Y
	City	State		Zip Code		1	Trans	acti	on ID :	SA11A	.494	38	
	Averill Park	NY		12018		А	mount	t of	Each F	Receipt t	his F	Period	
	FEC ID number of contributing federal political committee.	С				ļ			-		_	10.0	00
	Name of Employer (for Individual) MVP Health Care		•	ion (for Individual) _eader		l	M	emc	Item				
	Receipt For:	Aggregate	e Yea	r-to-Date ▼									
	Other (specify) V		,	, 210.00									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Bourgault, Steven, , ,	al) or Full C	Orgar	nization Name		D	ate of	f Re	ceipt				
-	Mailing Address 3089 NY-43					ľ	м м 10	/	23			020	Y
	City	State		Zip Code			Trans	sact	ion ID :	SA11A	1.494	139	
	Averill Park	NY		12018		А	mount	t of	Each F	Receipt t	his I	Period	
	FEC ID number of contributing federal political committee.	С				ļ	_		,	. ,		10.0	00
	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)		1	М	emo	ltem				
	MVP Health Care		•	eader									
	Receipt For:	Aggregate	e Yea	r-to-Date ▼									
	Primary General				11.								
	Other (specify)		7	220.00									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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46

ITEMIZED RECEIPTS				r each category of the etailed Summary Page	×	_	11a		11		\square	11c		12		_
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA															
Α.	Full Name of Individual (Last, First, Middle Initial Bourgault, Steven, , , Mailing Address 3089 NY-43) or Full O	Drgani	zation Name			ite of	Re	_	·						_
	City	State		Zip Code		L	11 rane	/	L	06 • חו	;	411AL	20	020	Y	
	Averill Park	NY		12018					-		-	eipt th	-	-		
	FEC ID number of contributing federal political committee.	С					lount	0	7					10.	00]
	Name of Employer (for Individual) MVP Health Care		upation	on (for Individual) eader			Me	emo	b It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 230.00												
в.	Full Name of Individual (Last, First, Middle Initial Bourgault, Steven, , ,) or Full O	Organi	zation Name		Da	ite of	Re	ece	ipt						
	Mailing Address 3089 NY-43					M	11 [™]	/	ľ	D 1		/ Y		20 [°]	Y	
	City Averill Park	State NY		Zip Code 12018					-		-	11AI. ceipt th	-			
	FEC ID number of contributing federal political committee.	С							-			-7	Ξ	10.	00]
	Name of Employer (for Individual) MVP Health Care		cupation nior Le	on (for Individual) eader			Me	emo	b It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 240.00												
с.	Full Name of Individual (Last, First, Middle Initial) or Full O	Organi	zation Name		Da	ite of	Re	ece	ipt						
	Mailing Address 70 Barclay Square Drive					IV	10 ^M	/	l	09		/ Y		20	Y	
	City Rochester	State NY		Zip Code 14618								A11AL				
	FEC ID number of contributing federal political committee.	С				Ę	_		y		_	y	_	30.	00]
	Name of Employer (for Individual) MVP Health Care	Occi VP	upatio	on (for Individual)			Me	emo	o It	em						
	Receipt For:	Aggregate	Year	-to-Date ▼ 630.00												
s	UBTOTAL of Receipts This Page (optional)			•					,		2	y		50.	00	1
т	OTAL This Period (last page this line number onl	ly)		•					7			-]

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 46
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	ne name and a			soliciting contributions
Full Name of Individual (Last, First, Middle I A. Cameron, Carl, , , Mailing Address 70 Barclay Square Drive	nitial) or Full C	Drganization Name	Date of Receipt	/ *****
City Rochester	State NY	Zip Code 14618	10 23 Transaction ID : 3 Amount of Each Re	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For:	VP	supation (for Individual)	Memo Item	30.00
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle I		Prear-to-Date ▼ 660.00]	
B. Cameron, Carl, , , Mailing Address 70 Barclay Square Drive	, 		Date of Receipt	/ 2020
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14618	Amount of Each Re	
Name of Employer (for Individual) MVP Health Care Receipt For:	VP	cupation (for Individual)	Memo Item	
Primary General Other (specify) ▼		, 690.00]	
Full Name of Individual (Last, First, Middle I C. Cameron, Carl, , , Mailing Address 70 Barclay Square Drive	nitial) or Full C	Organization Name	Date of Receipt	/ Y Y Y Y 2020
City Rochester FEC ID number of contributing	State NY	Zip Code 14618	Transaction ID : 3	
federal political committee. Name of Employer (for Individual) MVP Health Care		supation (for Individual)	Memo Item	, , , , , , , , , , , , , , , , , , ,
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00	1	

SUBTOTAL of Receipts This Page (optional)			9		,	9	0.00]
TOTAL This Period (last page this line number only)			- j -				-]

Primary

Other (specify)

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF (check only one) Image: Check only one in the image: Check on interval on in the image: Check on in
		ay not be sold or used by any	person for the purpose of soliciting contribution ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa			
Full Name of Individual (Last, First, Middle Clancy, Catherine, , , Mailing Address 19 Julia Court	e Initial) or Full C	Organization Name	Date of Receipt
City	State	Zip Code	10 09 2020 Transaction ID : SA11AI.49446
Mahopac FEC ID number of contributing federal political committee.	C	10541	Amount of Each Receipt this Period
Name of Employer (for Individual) MVP Health Care	Occ	upation (for Individual) >	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]
Full Name of Individual (Last, First, Middle Clancy, Catherine, , ,	e Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 19 Julia Court			10 / D D / Y Y Y Y 2020
City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.49447 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	Occ EVI	upation (for Individual) P	Memo Item
Receipt For:	Aggregate	Year-to-Date V	

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

General

Mailing Address 19 Julia Court	M M / D D / Y Y Y Y Y 11 06 2020		
City	State	Zip Code	Transaction ID : SA11AI.49448
Mahopac	NY	10541	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	Occupa EVP	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date 920.00	
SUBTOTAL of Receipts This Page (optional))	•	120.00
TOTAL This Period (last page this line numb			

880.00

Date of Receipt

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17

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SCHEDULE A (FEC Form 3X))	Use separate schedule(s) for each category of the Detailed Summary Page	(ch	hec	LINE N k only c		۲ :	PAGE	11 (OF	46			
		Detailed Summary Page		_	13	14		15	16		17			
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a													
MVP Health Care Inc. Federa														
Full Name of Individual (Last, First, Middle Clancy, Catherine, , ,	Initial) or Full C	Organization Name		Da	ate of R	eceipt								
Mailing Address 19 Julia Court				Ľ	^M 11	/ D 2	D 0		y y 2020	Y]			
City Mahopac	State NY	Zip Code 10541					-	A11AI.49 ceipt this	.49449 his Period					
FEC ID number of contributing federal political committee.			Ľ		-9			40	0.00					
Name of Employer (for Individual) MVP Health Care	cupation (for Individual) P			Mem	o Item									
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SCHEDULE A	(FEC Form 3X)
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	Mechanicville	NY	12218	Transaction ID : SA11AI.49480 Amount of Each Receipt this Period											
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ector	Memo Item											
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	Mailing Address 336 Farm to Market Road	1		11 20 2020											
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SCHEDULE A	(FEC Form 3X)
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Α.	Full Name of Individual (Last, First, Middle Init Estey, Jordan, T, , Mailing Address 37 Campus Club Drive City Guilderland FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occu Mar	Zip Code 12084 upation (for Individual) nager Year-to-Date ▼ 1470.00	Date of Receipt
В.	Full Name of Individual (Last, First, Middle Init Estey, Jordan, T, , Mailing Address 37 Campus Club Drive City Guilderland FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occ. Mar	Zip Code 12084 cupation (for Individual) nager Year-to-Date ▼ 1540.00	Date of Receipt
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	Mailing Address 861 Central Parkway			7.0.1	10 09 2020
	City Schenectady	State NY		Zip Code 12309	Transaction ID : SA11AI.49502 Amount of Each Receipt this Period
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	Mailing Address 861 Central Parkway			M M / D D / Y Y Y Y 10 23 2020
	City Schenectady	State NY	Zip Code 12309	Transaction ID : SA11AI.49503 Amount of Each Receipt this Period
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
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	Mailing Address 861 Central Parkway			M M / D D / Y Y Y Y 11 06 2020
	City	State	Zip Code	Transaction ID : SA11AI.49504
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	City	State NY	Zip Code	Transaction ID : SA11AI.49505
	Schenectady		12309	Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
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PAGE 22 OF

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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
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X 11a 11b 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Α. Date of Receipt Mailing Address 45 Crestwood Drive M M 1 11 06 2020 City Zip Code State Transaction ID : SA11AI.49520 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP **MVP Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 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 20 2020 11 City State Zip Code Transaction ID : SA11AI.49521 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive MM 10 09 2020 City Zip Code State Transaction ID : SA11AI.49522 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing С 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 630.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

FEC Schedule A (Form 3X) Rev. 06/2016

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	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full)				
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	Mailing Address 38 Fox Hill Drive				10 23 2020
	City Fairport	State NY		Zip Code 14450	Transaction ID : SA11AI.49523 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care		cupat ector	tion (for Individual)	Memo Item
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	Mailing Address 1523 East Avenue	10 09 2020								
	City	State	Zip Code	Transaction ID : SA11AI.49550						
	Rochester	NY	14610	Amount of Each Receipt this Period						
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	Mailing Address 1523 East Avenue			10 / D D / Y Y Y Y 2020						
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.49551						
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	ny information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Mackinnon, Matthew, J., Mr., Mailing Address 1523 East Avenue	tial) or Full O	rganization Name		Date of Receipt										
	City	State	Zip Code		Transaction ID : SA11AI.49552										
	Rochester	NY	14610		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			20.00										
	Name of Employer (for Individual)	Occ	upation (for Individu	ual)	Memo Item										
	MVP Health Care	VP													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	460.00	_										
в.	Full Name of Individual (Last, First, Middle Init Mackinnon, Matthew, J., Mr.,	tial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 1523 East Avenue	11 20 2020													
	City	State	Zip Code		Transaction ID : SA11AI.49553										
	Rochester	NY	14610		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	Occupation (for Individual) VP			Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	480.00											
c.	Full Name of Individual (Last, First, Middle Init Martin, Augusta, , ,	tial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 113 Kaydeross Park Road				10 / D D / Y Y Y Y 2020										
	City	State	Zip Code		Transaction ID : SA11AI.49554										
	Saratoga Springs	NY	12866		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			30.00										
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individu	ual)	Memo Item										
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	Other (specify)			630.00											
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)										
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Α.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 113 Kaydeross Park Road			10 / Y Y Y Y 23 2020								
	City	State	Zip Code	Transaction ID : SA11AI.49555								
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period								
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		660.00]								
В.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 113 Kaydeross Park Road	11 06 2020										
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.49556 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00 Memo Item								
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00	1								
	Full Name of Individual (Last, First, Middle Initia											
C.	Martin, Augusta, , ,			Date of Receipt								
	Mailing Address 113 Kaydeross Park Road	Otata	Zin Oode	11 / 20 / 2020								
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.49557								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item								
	Receipt For:		Year-to-Date ▼	—								
	Primary General Other (specify)	Aggregate	720.00]								
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				person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
	Full Name of Individual (Last, First, Middle Ir		Droanization Name							
Α.	Manala Janaa			Date of Receipt						
	Mailing Address 236 Haywood GIn			10 / Y Y Y Y Y 2020						
	City Victor	State NY	Zip Code 14564	Transaction ID : SA11AI.49562						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	Re	cupation (for Individual) gional Medical Director Year-to-Date ▼ 210.00							
В.	Full Name of Individual (Last, First, Middle In Merola, Jason, , , Mailing Address 236 Haywood GIn City Victor	State	Zip Code	Date of Receipt						
	FEC ID number of contributing federal political committee.	С		10.00						
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) gional Medical Director	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , , , , 220.00							
C.	Full Name of Individual (Last, First, Middle In Merola, Jason, , , Mailing Address 236 Haywood GIn	iitial) or Full C	Drganization Name	Date of Receipt						
	City Victor	State NY	Zip Code 14564	Transaction ID : SA11AI.49564 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		10.00						
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) gional Medical Director	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.00							

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	ny information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions the to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC												
Α.	Full Name of Individual (Last, First, Middle Initi Merola, Jason, , ,	al) or Full Or	ganization Name	Date of Receipt										
	Mailing Address 236 Haywood GIn			M M / D D / Y Y Y Y 11 20 2020										
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	Name of Employer (for Individual) MVP Health Care		pation (for Individual) onal Medical Director	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 240.00]										
В.	Full Name of Individual (Last, First, Middle Initi Metheny, Laurie, , ,	Date of Receipt												
	Mailing Address 21 Joellen Drive			Image: Market of the second										
	City Rochester	State NY	Zip Code 14626											
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) MVP Health Care		pation (for Individual) f Risk Officer, VP	Memo Item										
	Receipt For:	Aggregate `	/ear-to-Date ▼ 1050.00]										
с.	Full Name of Individual (Last, First, Middle Initi Metheny, Laurie, , ,	al) or Full Or	ganization Name	Date of Receipt										
	Mailing Address 21 Joellen Drive			10 / Y Y Y Y 23 2020										
	City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.49567										
	FEC ID number of contributing federal political committee.	C	14020	Amount of Each Receipt this Period										
	Name of Employer (for Individual) MVP Health Care		pation (for Individual) Risk Officer, VP	Memo Item										
	Receipt For:	I	/ear-to-Date ▼											

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Aggregate Year-to-Date ▼

Primary

Other (specify)

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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PAGE 32 OF

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	y information copied from such Reports and Sta for commercial purposes, other than using the													ntribu		
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	Mailing Address 21 Joellen Drive					ľ	м м 11	/	ſ	D [0 /	Y)20	Ŷ	
	City Rochester	State NY		Zip Code 14626	Transaction ID : SA11AI.49568 Amount of Each Receipt this Period											
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	Name of Employer (for Individual) MVP Health Care			ion (for Individual) sk Officer, VP			Μ	emo	o It	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1150.00												
в.	Full Name of Individual (Last, First, Middle Initia Metheny, Laurie, , ,	al) or Full C	Drgar	nization Name		C	Date o	f Re	ece	eipt						
	Mailing Address 21 Joellen Drive				Image: Sector of Field Science Image: Sector of Field Science											
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	Mailing Address 84 York Avenue			-		ľ	^м 10	/	I	D 09		Y	ү 20)20 [°]	Y	
	City Saratoga Springs	State NY		Zip Code 12866		A	Trans moun									
	FEC ID number of contributing federal political committee.	С				ļ	_		9			y		10	00	
	Name of Employer (for Individual) MVP Health Care		cupat ector	ion (for Individual)	Memo Item											
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Α.	Full Name of Individual (Last, First, Middle Init Molloy, Peter, , ,	ial) or Full C	rganization Name	Date of Receipt								
	Mailing Address 84 York Avenue			10 / Y Y Y Y 23 2020								
	City	State	Zip Code	Transaction ID : SA11AI.49571								
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period								
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	Mailing Address 84 York Avenue			11 06 2020								
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector	Memo Item								
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	Primary General Other (specify) ▼		230.00]								
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	Mailing Address 84 York Avenue			M M / D D / Y Y Y Y 11 20 2020								
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	Name of Employer (for Individual) MVP Health Care	Occ Dire	upation (for Individual) ctor	Memo Item								
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	y information copied from such Reports and S for commercial purposes, other than using the							rpo									
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC															
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 46 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
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Α.	Full Name of Individual (Last, First, Middle Initi Montgomery, Susan, , ,	al) or Full O	organization Name	Date of Receipt
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	City Ossining	State NY	Zip Code 10562	Transaction ID : SA11AI.49577 Amount of Each Receipt this Period
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
В.	Full Name of Individual (Last, First, Middle Initi Mulvey, Brian, , , Mailing Address 8 Glendale Avenue	al) or Full O	organization Name	Date of Receipt
		Otata	Zie Oode	10 09 2020
	City Delmar	State NY	Zip Code 12054	Transaction ID : SA11AI.49582 Amount of Each Receipt this Period
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C.	Full Name of Individual (Last, First, Middle Initi Mulvey, Brian, , ,	al) or Full O	organization Name	Date of Receipt
	Mailing Address 8 Glendale Avenue	State	Zip Code	10 23 2020
	City Delmar	NY	12054	Transaction ID : SA11AI.49583 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
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Invy information codiest from such Reports and Statements may not be edid or used by any parson for the purpose of existing contributions 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) MUVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Maiming Address 8 Glendale Avenue Image: Committee to contributing tedral political committee. Date of Receipt Name of Individual (Last, First, Middle Initial) Occupation for Individual) Date of Receipt Maiming Address 8 Glendale Avenue Image: Committee to committee. State Name of Individual) Occupation for Individual) Mure of Each Receipt this Period Receipt For Aggregate Year-to-Date ▼ Date of Receipt Builting Address 8 Glendale Avenue Image: Committee. Date of Receipt Nulvey, Brian, Mailing Address 8 Glendale Avenue Image: Committee. Nulvey, Brian, Mailing Address 8 Glendale Avenue Image: Committee. Nulvey, Brian, Mailing Address 8 Glendale Avenue Image: Committee. Image: Committee. Nulvey, Brian, Mailing Address 8 Glendale Avenue Image: Committee. Image: Committee.	11	EMIZED RECEIPTS			r each category of the etailed Summary Page	×	1 1 1	la 3		11b		11c	12	17			
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rederal political committee. U 10.00 Name of Employer (for Individual) Director Beceigt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 230.00 B. Mulvey, Brian, , , Maling Address 8 Glendale Avenue City State Defenar NY PECID number of contributing tederal political committee. Director Receipt For: 10.00 Mame of Employer (for Individual) Occupation (for Individual) More of Employer (for Individual) Occupation (for Individual) FEC ID number of contributing tederal political committee. 0 Receipt For: Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) Director Aggregate Year-to-Date ▼ Primary General Occupation Name C. Odorizzi, Richard, , , Aggregate Year-to-Date ▼ Date of Receipt Malling Address 71 East Claremont Drive C 0 240.00 City State Zip Code 10.00 Transaction D SA114.43656 Name of Individual (Last, First, Middle Initial) or Full Organization Name C 0 200.00																	
MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Mulvey, Brian, , , Mailing Address 8 Glendale Avenue Date of Receipt City State Zip Code Transaction ID : SA11AL49585 Delmar NY 12054 Amount of Each Receipt This Period FEC ID number of contributing federal political committee. C 10.00 Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item 10.00 Multing Address 71 East Claremont Drive Aggregate Year-to-Date ▼ Transaction ID : SA11AL49585 Amount of Each Receipt This Period FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Date of Receipt 10.00 Mailing Address 71 East Claremont Drive C Occupation (for Individual) Memo Item 10.00 Voorheesville NY Iz186 Amount of Each Receipt This Period 10.00 Transaction ID : SA11AL49556 Receipt For: Name of Employer (for Individual) Occupation (for Individual) Memo Item 10.00 </td <td></td> <td>•</td> <td>С</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-J-</td> <td></td> <td></td> <td>10</td> <td>0.00</td>		•	С							- J -			10	0.00			
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Α.	Full Name of Individual (Last, First, Middle Initi Odorizzi, Richard, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 71 East Claremont Drive			10 23 2020
	City Voorheesville	State NY	Zip Code 12186	Transaction ID : SA11AI.49587 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
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	y information copied from such Reports and St for commercial purposes, other than using the				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC			
Α.	Full Name of Individual (Last, First, Middle Initi Retajczyk, Lynne, , ,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 3039 Williamsburg Drive			7: 0 1	11 / D / Y Y Y Y 20 2020
	City	State NY		Zip Code	Transaction ID : SA11AI.49593
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	Mailing Address 1341 Partridge Drive				M M / D D / Y Y Y Y 10 09 2020
	City Castleton	State NY		Zip Code 12033	Transaction ID : SA11AI.49594 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upa	tion (for Individual)	Memo Item
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	Mailing Address 1341 Partridge Drive				10 / D D / Y Y Y Y 2020
	City Castleton	State NY		Zip Code 12033	Transaction ID : SA11AI.49595
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Roohan, Patrick, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 1341 Partridge Drive			11 06 / Y Y Y Y 2020
	City Castleton	State NY	Zip Code 12033	Transaction ID : SA11AI.49596 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	-
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В.	Full Name of Individual (Last, First, Middle Initia Roohan, Patrick, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 1341 Partridge Drive			11 / 20 / Y Y Y Y Y 2020
	City Castleton	State NY	Zip Code 12033	Transaction ID : SA11AI.49597 Amount of Each Receipt this Period
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C.	Full Name of Individual (Last, First, Middle Initia Sax, Ellen, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 510 Broadway			10 / D D / Y Y Y Y 2020
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.49610 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Sax, Ellen, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 510 Broadway			10 / Y Y Y Y Y 23 2020
	City	State	Zip Code	Transaction ID : SA11AI.49611
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
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в.	Full Name of Individual (Last, First, Middle Initia Sax, Ellen, , ,	al) or Full C	Drganization Name	Date of Receipt
	Mailing Address 510 Broadway			M M / D D / Y Y Y Y 11 06 2020
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.49612 Amount of Each Receipt this Period
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C.	Full Name of Individual (Last, First, Middle Initia Sax, Ellen, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 510 Broadway	Chata	Zin Onde	
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.49613
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Α.	Smith, Kelly, , ,		nganization Name	Date of Receipt
	Mailing Address 632 Vanderlyn Lane			11 20 / Y Y Y Y 2020
	City	State	Zip Code	Transaction ID : SA11AI.49625
	Slingerlands	NY	12159	Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		240.00	
В.	Full Name of Individual (Last, First, Middle Initi Titsworth, Emily, , ,	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 1394 Dean Street			10 09 2020
	City	State	Zip Code	Transaction ID : SA11AI.49630
	Niskayuna	NY	12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) , Deputy General Counsel	Memo Item
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	Mailing Address 1394 Dean Street			10 23 2020
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.49631 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
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Mailing Address 1394 Dean Street				M M 11	/	06			ү 020	Y
City	State	Zip Code		Trans	act	ion ID :	SA11AI	.496	32	
Niskayuna	NY	12309		Amount	t of	Each F	Receipt th	nis F	^v eriod	
FEC ID number of contributing federal political committee.	С								10.0	00
Name of Employer (for Individual) MVP Health Care		cupation (for Individual) , Deputy General Counsel		M	emc	ltem				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		230.00								
Full Name of Individual (Last, First, Mide	dle Initial) or Full C	Drganization Name	_							
B. Titsworth, Emily, , ,				Date of	f Re	eceipt				
Mailing Address 1394 Dean Street				M M 11	/	D 20)20	Y
City	State	Zip Code					SA11AI.			
Niskayuna	NY	12309		Amount	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	C			<u> </u>		-		_	10.0)0
Name of Employer (for Individual) MVP Health Care		cupation (for Individual) , Deputy General Counsel		M	emc	Item				
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		, 240.00]							
Full Name of Individual (Last, First, Mide C. Viscusi, Rico, , ,	dle Initial) or Full (Drganization Name		Date of	f Re	eceipt				
Mailing Address 234 Autumn Run				^M 10	1	D 09)20 [°]	Ŷ
City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.496	42	
Schenectady	NY	12306		Amount	t of	Each F	Receipt th	nis F	'eriod	
FEC ID number of contributing federal political committee.	C					,	, y		10.0	00
Name of Employer (for Individual)	Occ	cupation (for Individual)		Μ	emo	ltem				
MVP Health Care	Dire	ector								
Receipt For:	Aggregate	Year-to-Date V								
Primary General			11							
Other (specify)		210.00								
SUBTOTAL of Receipts This Page (option	nal)		•			, .	,		30.0	00
TOTAL This Period (last page this line nu	mber only)	••••••	→							

-									
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 0F 46 (check only one) Image: Check only one (Check only one) Image: Check only one) Image: Check only one)					
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC							
Α.	Full Name of Individual (Last, First, Middle Ini Viscusi, Rico, , ,	tial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 234 Autumn Run			10 23 2020					
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.49643 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]					
– B	Full Name of Individual (Last, First, Middle Ini Viscusi, Rico, , ,	tial) or Full O	rganization Name	Date of Receipt					
5.	Mailing Address 234 Autumn Run	11 06 2020							
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.49644 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]					
с.	Full Name of Individual (Last, First, Middle Ini Viscusi, Rico, , ,	tial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 234 Autumn Run			11 20 2020					
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.49645 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	10.00							
	Name of Employer (for Individual) MVP Health Care	Occi Dire	upation (for Individual) ctor	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]					

SUBTOTAL of Receipts This Page (optional)	J.	 		_	 	 30.00
TOTAL This Period (last page this line number only)	E		-			2800.00

SCHEDULE D (FEC Form 3X)				PAGE 46 OF 46
DEBTS AND OBLIGATIONS			(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 × 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			1	
A. Full Name (Last, First, Middle Initial) of Debt	tor or Creditor			ebt (Purpose):
Deluxe Business Checks			Check Prin	ting
Mailing Address P.O. Box 742572				
City	State	Zip Code		
Cincinnati	ОН	45274		
Outstanding Balance Beginning This Period 145.00				on ID : SD10.4163
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	145.00
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
Media Well Done			Advertising	
Mailing Address				
Mailing Address 96 Jay Street				
City	State	Zip Code		
Schenectady	NY	12305		
Sononoolaay		•		
Outstanding Balance Beginning This Period	1		Transact	ion ID : SD10.4165
			Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period	Pay	ment This Period		ion ID : SD10.4165 ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00	Pay			
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period	Pa		Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	tor or Creditor	0.	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address	tor or Creditor	0.	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	tor or Creditor	0. Zip Code	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	tor or Creditor	0.	Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0. Zip Code	Outstandir	ag Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0. Zip Code	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor State Pay	0. Zip Code	Outstandir	ag Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	tor or Creditor State Pay	0. Zip Code	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1 SUBTOTALS This Period This Page (optional)	tor or Creditor State Pay er only)	Zip Code	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose): ng Balance at Close of This Period 483.00