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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Auth	onzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc.	Federal PAC		
ADDRESS (number and street)	625 State Street		
▼ Check if different			
than previously reported. (ACC)	Schenectady		NY 12305 -
2. FEC IDENTIFICATION NU	IMBER ▼ CITY	Y A	STATE ▲ ZIP CODE ▲
C C00431429	3. IS	THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q		20 (M4) Jul 20 (M7	
July 15 Quarterly Report (Q	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	E) Election	n on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	x General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	n on 11 / 06	in the State of
5. Covering Period 10		through 11	M / D D / Y Y Y Y Y Y 2018
I certify that I have examined the		my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Estey, Jordan, T, ,		
Signature of Treasurer	Jordan, T, ,	[Electronically Filed]	Date 12 / 13 / 2018
NOTE: Submission of false, errone	eous, or incomplete information	may subject the person signing	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal P.	AC	
Report Covering the Period: From:	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 11 / 26 / Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		63943.34
(b) Cash on Hand at Beginning of Reporting Period	56976.34	
(c) Total Receipts (from Line 19)	3190.00	25723.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60166.34	89666.34
7. Total Disbursements (from Line 31)	1000.00	30500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59166.34	59166.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a mul-	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

M۱	/P	Health	Care	Inc	Federal	PAC
	<i>,</i> ,	Houldi	Juic	1110.	ı cacıaı	1 / 10

10 18 2018 11 26 2018 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 2680.00 14400.00 (i) Itemized (use Schedule A)..... 510.00 11323.00 (ii) Unitemized (iii) TOTAL (add 25723.00 3190.00 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 25723.00 3190.00 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), 12, 13, 14, 15, 16, 17, and 18(c))....... 3190.00 25723.00 20. Total Federal Receipts 3190.00 25723.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
 Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	200	0.00			
Expenditures(c) Total Operating Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	30500.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	4 1 4 1 4 1 4			
(use Scriedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00			
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(20) (a) Allocated Federal Election Activity (from Schedule H6)))				
(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))	1000.00	30500.00			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	1000.00	30500.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	3190.00	25723.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3190.00	25723.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s)

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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 2018 City Zip Code State Transaction ID: SA11AI.45888 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1320.00 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 2018 11 City State Zip Code Transaction ID: SA11AI.45889 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 23 2018 City Zip Code State Transaction ID: SA11AI.45890 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1440.00 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 Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City Zip Code State Transaction ID: SA11AI.45901 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 660.00 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 2018 City State Zip Code Transaction ID: SA11AI.45902 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 23 2018 City Zip Code State Transaction ID: SA11AI.45903 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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 Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2018 City Zip Code State Transaction ID: SA11AI.45904 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 880.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2018 11 City State Zip Code Transaction ID: SA11AI.45905 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 23 2018 City Zip Code State Transaction ID: SA11AI.45906 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer (for Individual)

MVP Health Care

Receipt For: 2018

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Memo Item

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 Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 2018 City State Zip Code Transaction ID: SA11AI.45910 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **MVP Health Care** Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 11 2018 City State Zip Code Transaction ID: SA11AI.45911 Macedon NY 14502 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee.

	Primary x General Other (specify) ▼	Aggregate	230.00	
C.	Full Name of Individual (Last, First, Middle In Colin, Wendy, , , Mailing Address 985 Victor Road	, ,		Date of Receipt 11 23 2018
	City Macedon FEC ID number of contributing federal political committee.	State NY	Zip Code 14502	Transaction ID : SA11AI.45912 Amount of Each Receipt this Period 10.00
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	Occupi Directo Aggregate Ye		Memo Item

Occupation (for Individual)

Director

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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 2018 City Zip Code State Transaction ID: SA11AI.45916 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 880.00 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 2018 11 City State Zip Code Transaction ID: SA11AI.45917 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 23 2018 City Zip Code State Transaction ID: SA11AI.45918 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 10 2018 City Zip Code State Transaction ID: SA11AI.45919 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1320.00 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 2018 11 City Zip Code State Transaction ID: SA11AI.45920 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1380.00 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 23 2018 City Zip Code State Transaction ID: SA11AI.45921 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1440.00 Other (specify) 180.00 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 DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 2018 City Zip Code State Transaction ID: SA11AI.45922 NY Amsterdam 12010 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 2018 City State Zip Code Transaction ID: SA11AI.45923 NY Amsterdam 12010 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 23 2018 City Zip Code State Transaction ID: SA11AI.45924 NY Amsterdam 12010 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 2018 City Zip Code State Transaction ID: SA11AI.45934 NY Mechanicville 12218 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 2018 City State Zip Code Transaction ID: SA11AI.45935 Mechanicville NY 12218 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 23 2018 City Zip Code State Transaction ID: SA11AI.45936 NY Mechanicville 12218 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Use separate schedule(s)

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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 Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2018 City Zip Code State Transaction ID: SA11AI.45937 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1010.00 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 2018 11 City State Zip Code Transaction ID: SA11AI.45938 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1060.00 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 23 2018 City Zip Code State Transaction ID: SA11AI.45939 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 1110.00 Other (specify) 150.00 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 Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2018 City Zip Code State Transaction ID: SA11AI.45946 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 660.00 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 2018 City State Zip Code Transaction ID: SA11AI.45947 NY Cortlandt Manor 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 23 2018 City Zip Code State Transaction ID: SA11AI.45948 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 720.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 Foster, Christopher, , , Date of Receipt Mailing Address 7 Hickory Lane 2018 City Zip Code State Transaction ID: SA11AI.45952 NY Averill Park 12018 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 10 2018 City State Zip Code Transaction ID: SA11AI.45953 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 09 2018 City Zip Code State Transaction ID: SA11AI.45954 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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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 Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2018 City Zip Code State Transaction ID: SA11AI.45955 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.45956 Pittsford NY 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 880.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 09 2018 City Zip Code State Transaction ID: SA11AI.45957 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 920.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 2018 City Zip Code State Transaction ID: SA11AI.45958 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 960.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 10 2018 City State Zip Code Transaction ID: SA11AI.45959 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1760.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 09 2018 City Zip Code State Transaction ID: SA11AI.45960 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1840.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 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 Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 11 2018 City Zip Code State Transaction ID: SA11AI.45961 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO/President MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1920.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 10 2018 City State Zip Code Transaction ID: SA11AI.45965 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 09 2018 City Zip Code State Transaction ID: SA11AI.45966 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 100.00 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 Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 2018 City Zip Code State Transaction ID: SA11AI.45967 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 10 2018 City State Zip Code Transaction ID: SA11AI.45974 NY Altamont 12203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 09 2018 City Zip Code State Transaction ID: SA11AI.45975 NY Altamont 12203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 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 Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 2018 City Zip Code State Transaction ID: SA11AI.45976 NY Altamont 12203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.45980 NY Schenectady 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 09 2018 City Zip Code State Transaction ID: SA11AI.45981 NY Schenectady 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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45 22 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2018 City Zip Code State Transaction ID: SA11AI.45982 Schenectady NY 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.45983 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 09 2018 City Zip Code State Transaction ID: SA11AI.45984 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 90.00 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 Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 11 2018 City Zip Code State Transaction ID: SA11AI.46009 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.46010 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 09 2018 City Zip Code State Transaction ID: SA11AI.46011 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 80.00 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 Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2018 City Zip Code State Transaction ID: SA11AI.46012 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 10 2018 City State Zip Code Transaction ID: SA11AI.46016 NY Victor 14564 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Regional Medical Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 09 2018 City Zip Code State Transaction ID: SA11AI.46017 NY Victor 14564 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Regional Medical Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 50.00 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 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2018 City Zip Code State Transaction ID: SA11AI.46021 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 10 2018 City State Zip Code Transaction ID: SA11AI.46022 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 09 2018 City Zip Code State Transaction ID: SA11AI.46023 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 2018 City Zip Code State Transaction ID: SA11AI.46024 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 10 2018 City State Zip Code Transaction ID: SA11AI.46025 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 09 2018 City Zip Code State Transaction ID: SA11AI.46026 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2018 City Zip Code State Transaction ID: SA11AI.46027 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 10 2018 City State Zip Code Transaction ID: SA11AI.46028 NY Ossining 10562 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 09 2018 City Zip Code State Transaction ID: SA11AI.46029 NY Ossining 10562 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 70.00 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 Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2018 City Zip Code State Transaction ID: SA11AI.46030 NY Ossining 10562 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 10 2018 City State Zip Code Transaction ID: SA11AI.46034 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 09 2018 City Zip Code State Transaction ID: SA11AI.46035 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 40.00 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 Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 2018 City Zip Code State Transaction ID: SA11AI.46036 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 10 2018 City State Zip Code Transaction ID: SA11AI.46037 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 09 2018 City Zip Code State Transaction ID: SA11AI.46038 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 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 Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 11 2018 City Zip Code State Transaction ID: SA11AI.46039 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 10 2018 City State Zip Code Transaction ID: SA11AI.46040 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 09 2018 City Zip Code State Transaction ID: SA11AI.46041 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a		
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC			
Full Name of Individual (Last, First, Middle In Poole III, James, , , Mailing Address 96 Spar Road City Willington FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	State CT Zip Code CT 06279 C Occupation (for Individual) VP, Chief Security Officer Aggregate Year-to-Date ▼	Date of Receipt 11 23 2018 Transaction ID : SA11AI.46042 Amount of Each Receipt this Period 20.00 Memo Item		
Full Name of Individual (Last, First, Middle In Retajczyk, Lynne, , , Mailing Address 3039 Williamsburg Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	Mailing Address 3039 Williamsburg Drive City State Zip Code Schenectady NY 12303 FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Director Receipt For: 2018 Primary General Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle In Retajczyk, Lynne, , , Mailing Address 3039 Williamsburg Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	State Zip Code NY 12303 C Occupation (for Individual) Director Aggregate Year-to-Date 230.00	Date of Receipt 11 09 2018 Transaction ID: SA11AI.46044 Amount of Each Receipt this Period 10.00 Memo Item		
SUBTOTAL of Receipts This Page (optional)		40.00		
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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 Retajczyk, Lynne, , , Date of Receipt Mailing Address 3039 Williamsburg Drive 2018 City Zip Code State Transaction ID: SA11AI.46045 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 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 10 2018 City State Zip Code Transaction ID: SA11AI.46046 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 09 2018 City Zip Code State Transaction ID: SA11AI.46047 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2018 City Zip Code State Transaction ID: SA11AI.46048 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 10 2018 City State Zip Code Transaction ID: SA11AI.46055 NY Hopewell Junction 12533 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 09 2018 Zip Code State Transaction ID: SA11AI.46056 NY Hopewell Junction 12533 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the 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 Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2018 City Zip Code State Transaction ID: SA11AI.46057 NY Hopewell Junction 12533 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 10 2018 City State Zip Code Transaction ID: SA11AI.46061 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 09 2018 City Zip Code State Transaction ID: SA11AI.46062 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2018 City Zip Code State Transaction ID: SA11AI.46063 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 10 2018 City State Zip Code Transaction ID: SA11AI.46073 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 09 2018 City Zip Code State Transaction ID: SA11AI.46074 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 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 Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2018 City Zip Code State Transaction ID: SA11AI.46075 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 10 2018 City State Zip Code Transaction ID: SA11AI.46079 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 09 2018 City Zip Code State Transaction ID: SA11AI.46080 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 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 Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 11 2018 City Zip Code State Transaction ID: SA11AI.46081 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 10 2018 City State Zip Code Transaction ID: SA11AI.46082 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 09 2018 City Zip Code State Transaction ID: SA11AI.46083 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 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 Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 2018 City Zip Code State Transaction ID: SA11AI.46084 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 10 2018 City State Zip Code Transaction ID: SA11AI.46091 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 09 2018 City Zip Code State Transaction ID: SA11AI.46092 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 2018 City Zip Code State Transaction ID: SA11AI.46093 Schenectady NY 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wild, Joseph, , , Date of Receipt Mailing Address 2040 Mill Road 10 2018 City State Zip Code Transaction ID: SA11AI.46094 NY West Falls 14170 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Wild, Joseph, , , Date of Receipt Mailing Address 2040 Mill Road 09 2018 City Zip Code State Transaction ID: SA11AI.46095 NY West Falls 14170 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Wild, Joseph,,, Date of Receipt Mailing Address 2040 Mill Road 2018 City Zip Code State Transaction ID: SA11AI.46096 NY West Falls 14170 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 10 2018 City State Zip Code Transaction ID: SA11AI.46100 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 09 2018 City Zip Code State Transaction ID: SA11AI.46101 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 11 2018 City Zip Code State Transaction ID: SA11AI.46102 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10.00 SUBTOTAL of Receipts This Page (optional)..... 2680.00 TOTAL This Period (last page this line number only).....

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۸.	KATKO FOR CONGRESS	Date of Disbursement						
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SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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X	10

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Check Printing Deluxe Business Checks** Mailing Address P.O. Box 742572 State Zip Code Cincinnati ОН 45274 Transaction ID: SD10.4163 Outstanding Balance Beginning This Period 145.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 145.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advertising Media Well Done Mailing Address 96 Jay Street City State Zip Code Schenectady 12305 NY Outstanding Balance Beginning This Period Transaction ID: SD10.4165 338.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 338.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 483.00 1) SUBTOTALS This Period This Page (optional)..... 483.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 483.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶