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FEC

FORM 3X

10/22/2018 08 : 36

PAGE 1 / 20

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: If typi over the lines.	ng, type	12FE4M	5	
MVP Health Care Inc. Fee	deral PAC					1
1						
	25 State Street					
ADDRESS (number and street)						
Check if different than previously reported. (ACC)	Schenectady			NY	12305 —	
2. FEC IDENTIFICATION NUMB	ER ▼		S		ZIP COE	DE 🔺
C C00431429	3.		NEW (N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	lar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	A	pr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	(C) 12-Day PRE-Election	Primary (12F	²) ×	General ((12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention	(12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Elec	tion on 11	D D / 06	2018	in the State of	NY
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (300	G)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	Report for the:	tion on	D D /	Y Y Y Y Y	in the State of	
5. Covering Period	01 / Y Y Y 2018	through	M M 10	/ D D / 17	y y y y 2018	
I certify that I have examined this R E Type or Print Name of Treasurer	eport and to the best Estey, Jordan, T, ,	of my knowledge and	belief it is true	e, correct and	l complete.	
Signature of Treasurer	dan, T, ,	[Electronical]	y Filed] Da	ate 10	/ D D / 22	2018
NOTE: Submission of false, erroneous	, or incomplete information	tion may subject the per	son signing thi	s Report to th	e penalties of 52	J.S.C. § 30109
Office Use Only					FEC FORI Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Writ	te or Type Committee Name		
M	VP Health Care Inc. Federal PA	с	
Rep	port Covering the Period: From:	10 / D D / Y Y Y Y 2018	To: 10 / D D / Y Y Y Y 10 17 2018
		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 	57916.34	
(c) Total Receipts (from Line 19)	1060.00	22533.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	58976.34	86476.34
7. T	Total Disbursements (from Line 31)	3000.00	30500.00
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	55976.34	55976.34
tl	Debts and Obligations Owed TO he Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
tl	Debts and Obligations Owed BY he 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

Report Covering the Period: From: 10	01 2018 To	D: 10 17 2018		
I. Receipts	I. Receipts COLUMN A Total This Period			
. Contributions (other than loans) From: (a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	870.00	11720.00		
	47. 47. 47.			
(ii) Unitemized	190.00	10813.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)	1060.00	22533.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	4000.00	22522.00		
Totals to Line 33, page 5)	1060.00	22533.00		
. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
. All Loans Received	0.00	0.00		
	0.00	0.00		
. Loan Repayments Received	0.00			
. Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	0.00		
(Carry Totals to Line 37, page 5)				
to Federal Candidates and Other				
Political Committees	0.00	0.00		
. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
. Transfers from Non-Federal and Levin Funds		45 45 45		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
· · · · · · · · · · · · · · · · · · ·				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1060.00	22533.00		

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶ 1060.00

 	 	100 C 100 C 100 C
		22533.00



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 30500.00 and Other Political Committees... 3000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 3000.00 30500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 3000.00 30500.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

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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Page 5

COLUMN B Calendar Year-to-Date

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		LINE ck only 11a 13			R:	PAGI		6 OF 12 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	e name and a							oliciting		
Full Name of Individual (Last, First, Middle In Austen, Karla, , , Mailing Address 25 Carriage House Lane City Saratoga Springs FEC ID number of contributing	itial) or Full O State NY	Zip Code 12866			/ acti	on IE		/ Y A11AL ceipt th	4581	
federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary ✗ General Other (specify) ▼	Occi	upation (for Individual) P, Chief Financial Officer Year-to-Date ▼ 1260.00	- i]	Me	emo	Item	1			
Full Name of Individual (Last, First, Middle In 3. Cameron, Carl, , , Mailing Address 70 Barclay Square Drive City Rochester FEC ID number of contributing federal political committee.	State NY C	Zip Code 14618		mount	of	on IE Each	Red	/ Y A11AL ceipt th		4
Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary X General Other (specify) V	VP	upation (for Individual) Year-to-Date ▼ 630.00	']	Me	emo	Item	1			

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

Mailing Address 19 Julia Court			10 12 2018
City	State	Zip Code	Transaction ID : SA11AI.45815
Mahopac	NY	10541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
MVP Health Care	EVP		
Receipt For: 2018 Primary X General Other (specify)	Aggregate Ye	ar-to-Date V 840.00	
SUBTOTAL of Receipts This Page (optional	l)	•	130.00
TOTAL This Period (last page this line num	ber only)		

Date of Receipt

20

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

Ary information copied from such Reports and Statements may not be eail or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) Mailing Address 965 Victor Road City Mailing Address 965 Victor Road City Mailing Address 965 Victor Road City Macedon Pict I number of contributing tederal political committee. Pict I number of contributing tederal political committee. Price in prover (for Individual) Differio Patricia, Mailing Address 106 Birch Street City Mailing Address 265 Victor Individual) Mare of Enployer (for Individual) Mare of Enployer (for Individual) Mare of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, Mailing Address 106 Birch Street City Mailing Address 265 W. Old State Road Vibr (speorly) C	116	MIZED RECEIPTS		for each category of Detailed Summary		X 11a 11b 11c 12 13 14 15 16 17
MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colin, Wendy, , , , Mailing Address 985 Victor Road City Macedon NY 14502 FEC 1D number of contributing federal political committee. C Mailing Address 985 Victor Road Name of Employer (for Individual) MVP Health Care Primary Receipt For: 2018 Perior, Patricia, , , Mailing Address 106 Birch Street City Name of Employer (for Individual) Other (specify) ▼ State Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Delerio, Patricia, , , Mailing Address 106 Birch Street City Liverpool Name of Employer (for Individual) VP Mailing Address 284 V. Old State Road Primary General Other (specify) ▼ Receipt For: 2018 Primary General Other (specify) ▼ Bel Vecchio, Christopher, , , </td <td>or f</td> <td>or commercial purposes, other than using the na</td> <td></td> <td></td> <td></td> <td></td>	or f	or commercial purposes, other than using the na				
A. Colin, Wendy, Date of Receipt Mailing Address 985 Victor Road 0 12 2018 City State Zip Code Transaction D: SATIAL45817 Maecedon NY 14502 Amount of Eaceipt this Period FEC ID number of contributing federal political committee. Occupation (for Individual) Director MVP Health Care Primary Ceneral Option (for Individual) Director B. Deferic, Patricia, Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt City State Zip Code NY 13088 Transaction ID: SATIAL45819 Amount of Each Receipt this Period NY 13088 Transaction ID: SATIAL45819 Amount of Each Receipt this Period City State Director NY 13088 Transaction ID: SATIAL45819 FEC ID number of contributing federal political committee. Occupation (for Individual) Memo Item 40.00 Receipt For: 2018 Aggregate Year-to-Date ▼ Each Receipt this Period 10 12 2018 General Other (specity) ▼ Aggregate Year-to-Date ▼ Eaco FReceipt this Period 10<			C			
Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Aggregate Year-to-Date ▼ Primary X General Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Deferio, Patricia, , , Mailing Address 106 Birch Street 10 City State Zip Code Name of Employer (for Individual) NY Iso88 FEC ID number of contributing federal political committee. Occupation (for Individual) NP Health Care Occupation (for Individual) Primary Cocupation (for Individual) VP Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Occupation (for Individual) VP Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 2854 W. Old State Road NY 12 2018 City State Zip Code NY 12 2018 Name of Employer (for Individual) NY 12303 12 2018 12	A. 1 (Colin, Wendy, , , Mailing Address 985 Victor Road City Macedon FEC ID number of contributing	State NY	Zip Code	M M I	
B. Deferio, Patricia, , , Mailing Address 106 Birch Street Date of Receipt City State Zip Code Liverpool NY 13088 FEC ID number of contributing federal political committee. C C Name of Employer (for Individual) Occupation (for Individual) WP Receipt For: 2018 Aggregate Year-to-Date ▼ Memo Item Primary X General Other (specify) ▼ City State Zip Code Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt City Schenectady NY 1203 Date of Receipt City State Zip Code NY 12 2018 City State Zip Code NY 12 2018 12 2018 City State Zip Code NY 12303 Date of Receipt 10 12 2018 12 2018 12 12 2018 12 12 2018 12 12 2018 12 10 12 2018 12 12 2018 12 10 <td< td=""><td>ī I</td><td>Name of Employer (for Individual) MVP Health Care Receipt For: 2018</td><td>Occu Direc</td><td>ctor Year-to-Date ▼</td><td></td><td>Memo Item</td></td<>	ī I	Name of Employer (for Individual) MVP Health Care Receipt For: 2018	Occu Direc	ctor Year-to-Date ▼		Memo Item
FEC ID number of contributing federal political committee. C 40.00 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP Memo Item Primary X General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt City State Zip Code Nount of Each Receipt this Period City State Zip Code Nount of Each Receipt this Period FEC ID number of contributing federal political committee. C General Memo Item Name of Employer (for Individual) Occupation (for Individual) Mount of Each Receipt this Period General Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item Memo Item MVP Health Care Aggregate Year-to-Date ▼ Memo Item Memo Item	B	Deferio, Patricia, , , Mailing Address 106 Birch Street		10 / Y Y Y Y Y 10 12 2018		
Receipt For: 2018 Aggregate Year-to-Date ▼ Primary Image: General Other (specify) ▼ General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Del Vecchio, Christopher, , , Mailing Address 2854 W. Old State Road Zip Code City State Zip Code Schenectady NY 12303 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Aggregate Year-to-Date ▼ Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General	- f	FEC ID number of contributing ederal political committee.	Осси			40.00
C. Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road Transaction ID : SA11AL.45820 City State Zip Code Schenectady NY 12303 FEC ID number of contributing federal political committee. C 60.00 Name of Employer (for Individual) Occupation (for Individual) 60.00 MVP Health Care Aggregate Year-to-Date ▼ Memo Item		Receipt For: 2018			340.00	
Other (specify)	C	Del Vecchio, Christopher, , , Mailing Address 2854 W. Old State Road City Schenectady FEC ID number of contributing ederal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018	State NY C Occu Chiet	Zip Code 12303 Ipation (for Individual) f Operating Officer Year-to-Date ▼		M M / D / Y
SUBTOTAL of Receipts This Page (optional)		JBTOTAL of Receipts This Page (optional)		7	······	110.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 20 (check only one) Image: Check only one (Check only one) Image: Check only one) Image:									
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P/												
Α.	Full Name of Individual (Last, First, Middle Initia DeSorbo, Todd, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 420 Fort Hunter Road			10 12 2018									
	City Amsterdam	State NY	Zip Code 12010	Transaction ID : SA11AI.45821 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: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
В.	Full Name of Individual (Last, First, Middle Initia Endres, Bill, , , Mailing Address 336 Farm to Market Road	al) or Full O	rganization Name	Date of Receipt									
	City	State	Zin Codo	10 12 2018									
	Mechanicville	NY	Zip Code 12218	Transaction ID : SA11AI.45825 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: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
c.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 37 Campus Club Drive			10 / Y Y Y Y Y 10 12 2018									
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.45826 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item									
_	Receipt For: 2018 Primary X General Other (specify)		Year-to-Date ▼ 960.00										

SUBTOTAL of Receipts This Page (optional)	L		y	_	y	_	7	70.00)
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TOTAL This Period (last page this line number only)		 	-	 -		-		-	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	FOR LINE NUMBER: PAGE 9 OF (check only one) 11a 11b 11c 12 13 14 15 16 16	20										
	y information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contribution	ıs							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , , Mailing Address 144 Watch Hill Road	al) or Full C	Organiza	ation Name	Date of Receipt	1							
	City Continent Manage	State NY		p Code	10 12 2018 Transaction ID : SA11AI.45829								
	Cortlandt Manor FEC ID number of contributing federal political committee.	C		10567	Amount of Each Receipt this Period								
	Name of Employer (for Individual) MVP Health Care	Occ VP	upatior	(for Individual)	Memo Item								
	Receipt For: 2018 Primary X General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 630.00]								
в.	Full Name of Individual (Last, First, Middle Initia Foster, Christopher, , , Mailing Address 7 Hickory Lane	Date of Receipt	1										
	City Averill Park	State NY		p Code 12018	Transaction ID : SA11AI.45831 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		cupatior ector	n (for Individual)	Memo Item								
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 210.00]								
c.	Full Name of Individual (Last, First, Middle Initia Gauci, Michael, , , Mailing Address 861 Central Parkway	al) or Full C	Organiza	ation Name	Date of Receipt	1							
	City Schenectady	State NY		p Code 2309	10 12 2018 Transaction ID : SA11AI.45832 Amount of Each Receipt this Period								
	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: 2018 Primary X General Other (specify)		m Lead		Memo Item								
s	UBTOTAL of Receipts This Page (optional)		- J		50.00	_							

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

Mailing Address 3 Park Forest Drive City State Zip Code Pittsford NY 12180 FEC ID number of contributing C 40.0 federal political committee. C 40.0 Name of Employer (for Individual) Occupation (for Individual) Mount of Each Receipt this Period MVP Heath Care EVP B40.00 Memo Item Primary X General Other (specify) ▼ B40.00 Date of Receipt State Zip Code NY 12 2018 Mailing Address 332 Torquay Blvd. State Zip Code 10 12 2018 City State Zip Code NY 120 2018 Transaction ID : SA11AL45834 Albany NY 12203 Date of Receipt 10 12 2018 FEC ID number of contributing federal political committee. C 80.0 10 12 2018 Name of Employer (for Individual) Occupation (for Individual) CC 80.0 10 12 2018 Memo Item Occupation (for Individual) Occupation (for Individual) Memo	SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF (check only one) ************************************									
A. Glavey, Patrick, , , Mailing Address 3 Park Forest Drive Date of Receipt City State Zip Code Pittsford NY 12180 FEC ID number of contributing federal political committee. C 40.0 Name of Employer (for Individual) Occupation (for Individual) Aggregate Year-to-Date ▼ Multing Address 332 Torquay Blvd. Aggregate Year-to-Date ▼ Date of Receipt Ful Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. Gonick, Denise, , , Mailing Address 332 Torquay Blvd. City State Zip Code Name of Employer (for Individual) Occupation (for Individual) Receipt For: 2018 C Bate of Receipt Mailing Address 332 Torquay Blvd. C 2018 City State Zip Code Albany NY 12203 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Primary General Occupation (for Individual) Primary	or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	the name and ac	ddress of any political committe										
Pittsford NY 12180 FEC ID number of contributing tederal political committee. C Amount of Each Receipt this Period Name of Employer (for Individual) Occupation (for Individual) Wemo Item MVP Health Care EVP Receipt For: 2018 Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ Sonick, Denise, , , Mailing Address 332 Torquay Blvd. City State Zip Code Albany NY 12203 FEC ID number of contributing tederal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) MVY 12203 FEC ID number of contributing tederal political committee. Occupation (for Individual) NWP Health Care Occupation (for Individual) NWP Health Care Occupation (for Individual) Memo Item Memo Item	Glavey, Patrick, , ,	Initial) or Full Or	ganization Name	M M / D D / Y Y Y Y									
FEC ID number of contributing federal political committee. C 40.0 Name of Employer (for Individual) Occupation (for Individual) Were the committee. MVP Health Care EVP Receipt For: 2018 Aggregate Year-to-Date ▼ Primary X General Other (specify) ▼ Aggregate Year-to-Date ▼ B. Gonick, Denise, , , Mailing Address 332 Torquay Blvd. City State Zip Code Albany NY 12203 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) VP Health Care C Name of Employer (for Individual) Occupation (for Individual) CEO/President Memo Item Memo Item Memo Item	-												
MVP Health Care EVP Receipt For: 2018 Aggregate Year-to-Date ▼ Primary X General Other (specify) ▼ B. Gonick, Denise, , , 840.00 Mailing Address 332 Torquay Blvd. Date of Receipt City State Zip Code Albany NY 12203 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Occupation (for Individual) MVP Health Care Aggregate Year-to-Date ▼	FEC ID number of contributing	С		Amount of Each Receipt this Period 40.00									
Primary General Other (specify) 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt 3. Gonick, Denise, , , Image: Sign of the second se	MVP Health Care		pation (for Individual)	Memo Item									
B. Gonick, Denise, , , Mailing Address 332 Torquay Blvd. Date of Receipt Mailing Address 332 Torquay Blvd. Mailing Address 332 Torquay Blvd. Mailing Address 332 Torquay Blvd. City State Zip Code Albany NY 12203 FEC ID number of contributing federal political committee. C 80.0 Name of Employer (for Individual) Occupation (for Individual) 80.0 MVP Health Care C 80.0 Receipt For: 2018 Aggregate Year-to-Date ▼ Memo Item	Primary X General	Aggregate]									
City State Zip Code Albany NY 12203 FEC ID number of contributing federal political committee. C Transaction ID : SA11AL45834 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President Memo Item Receipt For: 2018 Aggregate Year-to-Date ▼ Memo Item	Gonick, Denise, , ,	Initial) or Full Or	ganization Name	M M / D D / Y Y Y Y									
federal political committee. 0 80.0 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President Memo Item Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ¥	•			Transaction ID : SA11AI.45834									
MUP Health Care CEO/President Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ¥	0	C		80.00									
Primary General General			,	Memo Item									
		Aggregate	Year-to-Date ▼ 1680.00]									

c. Greenberg, Melissa, , ,	Greenberg, Melissa, , ,						
Mailing Address 15 Swan Place			M M / D D / Y Y Y Y 10 12 2018				
City	State	Zip Code	Transaction ID : SA11AI.45836				
Slingerlands	NY	12159	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		10.00				
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
MVP Health Care	Direc	ctor					
Receipt For: 2018 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 210.00					
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 11 OF

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NAME OF COMMITTEE (In Full)														
MVP Health Care Inc. Fee	leral PAC													
Full Name of Individual (Last, First, M A. Harding, Daniel, , ,	ll Name of Individual (Last, First, Middle Initial) or Full Organization Name arding, Daniel, , ,													
Mailing Address 125 Twenty West Driv	/e		10 / Y Y Y Y 10 12 2018											
City	State	Zip Code		Trans	sact	tion ID :	SA11AI	.458	39					
Altamont	NY	12203		Amoun	t of	Each R	Receipt tl	his F	Period					
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Full Name of Individual (Last, First, M B. Hogan, Rosemarie, , ,	iddle Initial) or Full O	rganization Name		Date o	f Re	eceipt								
Mailing Address 45 Crestwood Drive		10 / Y Y Y Y 10 12 2018												
City	State	Zip Code		Transaction ID : SA11AI.45841										
Schenectady	NY	12866		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C			30.00										
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)		М	emo	o Item								
Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 630.00												
Full Name of Individual (Last, First, M C. Husted, Kevin, , ,	iddle Initial) or Full O	rganization Name		Date o	f Re	eceipt								
Mailing Address 38 Fox Hill Drive				10 12 2018										
City Fairport	State NY	Zip Code 14450		Transaction ID : SA11AI.45842 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C			<u> </u>		,	. ,		30.0	00				
Name of Employer (for Individual) MVP Health Care	Occi Dire	upation (for Individual) ctor		М	em	o Item								
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Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	ne name and a		e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle I A. Mackinnon, Matthew, J., Mr., Mailing Address 1523 East Avenue City Rochester		Zip Code 14610	Date of Receipt 10 12 2018 Transaction ID : SA11AI.45850 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary ✗ General Other (specify) ▼	VP	upation (for Individual) Year-to-Date ▼ 420.00	20.00 Memo Item
Full Name of Individual (Last, First, Middle I B. Martin, Augusta, , , Mailing Address 113 Kaydeross Park Road City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary ✗ General Other (specify) ▼	State NY C Occ VP Aggregate	Zip Code 12866 upation (for Individual) Year-to-Date ▼ 630.00	Date of Receipt
Full Name of Individual (Last, First, Middle I C. Merola, Jason, , , Mailing Address 236 Haywood GIn City Victor FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care	State NY C	Zip Code 14564	Date of Receipt

Aggregate Year-to-Date ▼

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

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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PAGE 13 OF

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$\overline{)}$	NAME OF COMMITTEE (In Full)															
\sum	MVP Health Care Inc. Federal PA	AC														
A.	Full Name of Individual (Last, First, Middle Initia Metheny, Laurie, , ,	l) or Full O	rgar	nization Name		D	ate of	Re	ceipt	_						
	Mailing Address 21 Joellen Drive				10 / 12 / 2018 Transaction ID : SA11AI.45854											
	City Rochester	State NY		Zip Code 14626												
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				ion (for Individual) sk Officer, VP	Memo Item											
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	Primary X General Other (specify) ▼		-	1050.00												
B.	Full Name of Individual (Last, First, Middle Initia Molloy, Peter, , ,		D	ate of	Re	ceipt										
	Mailing Address 84 York Avenue					10 12 2018										
	City	State		Zip Code		5	Trans	acti	on ID	: S	A11AI.4	585	5			
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С.	Full Name of Individual (Last, First, Middle Initia Montepare, Carole, , ,	l) or Full O	rgar	nization Name		D	ate of	Re	ceipt							
	Mailing Address 100 McLain Court					Γ	10 ^M	1	D 1	2 2	/ Y		18	Y		
	City	State		Zip Code		1	Trans	act	ion ID): S	SA11AI.4	1585	56			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate for each categ Detailed Sumn	ory of the	FOR LINE NUMBER: PAGE 14 OF 20 (check only one) 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the				son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I				
۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name of Individual (Last, First, Middle In Montgomery, Susan, , ,	itial) or Full C	Organization Name		Date of Receipt
	Mailing Address 12 Feeney Road				10 12 2018
	City Ossining	State NY	Zip Code 10562		Transaction ID : SA11AI.45857 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	Occ VP	upation (for Individ	dual)	Memo Item
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼	420.00	-
В.	Full Name of Individual (Last, First, Middle In Mulvey, Brian, , ,	Date of Receipt			
	Mailing Address 8 Glendale Avenue				M M / D D / Y Y Y Y 10 12 2018
	City Delmar	State NY	Zip Code 12054		Transaction ID : SA11AI.45859 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 Indivi	dual)	Memo Item
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼	210.00	
C.	Full Name of Individual (Last, First, Middle In Odorizzi, Richard, , ,	itial) or Full C	Organization Name	1	Date of Receipt
	Mailing Address 71 East Claremont Drive	Stata	Zip Codo		
	City Voorheesville	State NY	Zip Code 12186		Transaction ID : SA11AI.45860 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individ	dual)	Memo Item

Other (specify)	210.00				
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SCHEDULE A	(FEC	Form	3X)
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NAME OF COMMITTEE (In Full)								
angle MVP Health Care Inc. Fed	eral PAC							
Full Name of Individual (Last, First, Mic	dle Initial) or Full Organization	Name						
A. Poole III, James, , ,			Dat	te of	Receipt			
Mailing Address 96 Spar Road				м 10	/ D		2018	Y
City	State Zip Co	ode	Т	ransa	action ID	: SA11AI.	45861	
Willington	CT 0627	79	Am	nount	of Each	Receipt th	nis Period	l
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Mailing Address 3039 Williamsburg Driv	9		М	10 ^M	/ D	D / Y 2	2018	Y
City	State Zip Co	ode	— т	ransa	ction ID	: SA11AI.	45862	
Schenectady	NY 12303	3				Receipt th		
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Name of Employer (for Individual) MVP Health Care	Occupation (for Director	Individual)		Me	mo Item			
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Full Name of Individual (Last, First, Mic C. Santiago, Mark, , ,	dle Initial) or Full Organization	Name	Dat	te of	Receipt			
Mailing Address 23 Lees Way				м 10	/ D	D / Y 2	2018	Y
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Hopewell Junction	NY 12533	3	Am	ount	of Each	Receipt th	nis Period	
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Α.	Full Name of Individual (Last, First, Middle Init Sax, Ellen, , ,	ial) or Full O	Drga	nization Name	D	ate of	Rece	eipt				
	Mailing Address 510 Broadway					^M 10	/	D D 12	/ Y	y y 2018	Y	
	City Saratoga Springs	State NY		Zip Code 12866					SA11AL		od	
	FEC ID number of contributing federal political committee.	С				_				1	0.00	
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в.	Full Name of Individual (Last, First, Middle Init Smith, Kelly, , ,	ial) or Full O	Drga	nization Name	D	ate of	Rece	eipt				
	Mailing Address 632 Vanderlyn Lane					м м 10	/	D D 12	/ Y	2018	Y	
	City Slingerlands	State NY		Zip Code 12159					A11AL4		nd	
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upa	tion (for Individual)		Me	emo It	em				
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	Mailing Address 1394 Dean Street					^M 10	1	D D 12		2018	Y	
	City Niskayuna	State NY		Zip Code 12309					SA11AL		d	
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PAGE 17 OF

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal							on suci	Commu	lee.
Full Name of Individual (Last, First, Middle In A. Trant, Christopher, , , Mailing Address 1005 Coffee Drive	itial) or Full C	organization Name		Date of		eipt	/ Y	2018	Y
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City Schenectady	State NY	Zip Code 12306					SA11AL.	15878 is Perioc	1
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Mailing Address 2040 Mill Road	1			^M 10	1	D D 12	/ Y	2018	Y
City West Falls	State NY	Zip Code 14170					SA11AI.	45879 is Perioc	1
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or	for commercial purposes, other than using the	e name and a	address of any political committee	e to sol	licit cor	ntributions fr	om such	committe	e.
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Α.	Full Name of Individual (Last, First, Middle In Zdunczyk, Gale, , ,	itial) or Full C	organization Name	[Date of	Receipt			
	Mailing Address 7 Cypress Street				м м 10	/ D D 12	/ Y	y y 2018	Y
	City	State	Zip Code		Trans	action ID : \$	SA11AI.4	5881	
	Albany	NY	12205	/	Amount	of Each Re	eceipt thi	s Period	
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	Primary ★ General Other (specify) ▼		210.00						
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S	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 19 OF 20					
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	NAME OF COMMITTEE (In Full)									
	MVP Health Care Inc. Federal PA	C								
^	Full Name (Last, First, Middle Initial)				Date of Disbursement					
А.	ELISE FOR CONGRESS									
	Mailing Address PO BOX 338				10 11 2018					
		State NY	Zip Code		FEC Identification Number					
	WILLSBORO Purpose of Disbursement	INT	12996		C C00547893					
				011						
	Candidate Name			Category/	Transaction ID : SB23.45732 Amount of Each Disbursement this Period					
	ELISE FOR CONGRESS			Туре						
		ment For: 2			1000.00					
	Senate President	Primary Other (spec	cify)							
	State: NY District: 21	Curor (sper	y) ▼		Memo Item					
	Full Name (Last, First, Middle Initial)									
В.	FASO FOR CONGRESS				Date of Disbursement					
					M M / D D / Y Y Y Y					
	Mailing Address PO BOX 98	_			10 11 2018					
	City SOUTH SALEM	State NY	Zip Code 10590		FEC Identification Number					
	Purpose of Disbursement	111	10390		C C00580415					
				011	Transaction ID : SB23.45733					
	Candidate Name			Category/	Amount of Each Disbursement this Period					
	FASO FOR CONGRESS			Туре	1000.00					
	Office Sought: X House Disburse Senate	ment For: 2 Primary	2018 X General		1000.00					
	President	Other (spec								
	State: NY District: 19				Memo Item					
_	Full Name (Last, First, Middle Initial)									
C.	KATKO FOR CONGRESS				Date of Disbursement					
	Mailing Address PO BOX 133				10 17 _2018					
		Chate	Zin Orde							
	City CAMILLUS	State NY	Zip Code 13031		FEC Identification Number					
	Purpose of Disbursement				C C00556365					
				011	Transaction ID : SB23.45734					
				Category/	Amount of Each Disbursement this Period					
	KATKO FOR CONGRESS	ment For: 2	2018	Туре	1000.00					
	Senate Disburse	Primary	2018 X General							
	President	Other (spec	••		Memo Item					
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SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans	6 AND OBLIGATIONS ng Loans F COMMITTEE (In Full)		(Use separate schedule(s) for each numbered line)	PAGE20OF20FOR LINE NUMBER: (check only one)9X10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debt Deluxe Business Checks	or or Creditor		Nature of D Check Prin	ebt (Purpose): ting
Mailing Address P.O. Box 742572				
City Cincinnati	State OH	Zip Code 45274		
Outstanding Balance Beginning This Period 145.00 Amount Incurred This Period 0.00	Pa	/ment This Period	Outstandir	on ID : SD10.4163 ng Balance at Close of This Period 145.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
Media Well Done			Advertising	
Mailing Address 96 Jay Street				
City Schenectady	State NY	Zip Code 12305		
Outstanding Balance Beginning This Period	·	·	Transact	ion ID : SD10.4165
338.00				
			Outetandii	ng Balance at Close of This Period
Amount Incurred This Period	Pay	ment This Period		
	Pay	/ment This Period		338.00
Amount Incurred This Period			00	338.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			00	
Amount Incurred This Period 0.00			00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address	or or Creditor	0.0	00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City	or or Creditor	0.0	00 Nature of D	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor	0.0	00 Nature of D	ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor	Zip Code	00 Nature of D	ebt (Purpose):
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	or or Creditor	2ip Code	00 Nature of D Outstandin	ebt (Purpose):
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)	or or Creditor State Pay r only)	Zip Code	00 Nature of D Outstandin	ebt (Purpose):