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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc.		
ADDRESS (number and street)	625 State Street	
Check if different than previously reported. (ACC)	Schenectady	NY 12305 –
2. FEC IDENTIFICATION N		STATE ▲ ZIP CODE ▲
C C00431429	3. IS THIS NEW REPORT (N) OR	X AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER) 	(C) 12-Day Primary (12P) PRE-Election Report for the: Convention (12C) Q3) Election on / / / / / / / / / / / / / / / / / / /	(Non-Election Year Only)
,	6 / 07 / 2018 through 06	30 2018
I certify that I have examined t Type or Print Name of Treasur	his Report and to the best of my knowledge and belief it is to Estey, Jordan, T, , er	rue, correct and complete.
Signature of Treasurer		Date 10 / 11 / 2018
NOTE: Submission of false, error Office Use Only	neous, or incomplete information may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109 FEC FORM 3X Rev. 05/2016

PAGE 1 / 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Vrite or Type Committee Name		
	MVP Health Care Inc. Federal PA	AC	
F	Report Covering the Period: From:	06 / 07 / 2018 To:	06 / 0 0 / 0 0 0 06 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	62636.34	
	(c) Total Receipts (from Line 19)	2151.00	13844.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	64787.34	77787.34
7.	Total Disbursements (from Line 31)	0.00	13000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64787.34	64787.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

I. Receipts COLUMN A Total This Period 1. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	To: 06 / 06 / 2018
 (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN B Calendar Year-to-Date
Than Political Committees (i) Itemized (use Schedule A) 1470.00 (ii) Unitemized	
 (i) Itemized (use Schedule A) (ii) Unitemized	
 (i) Initemized (use occledule A) (ii) Unitemized	5050.00
 (ii) TOTAL (add Lines 11(a)(i) and (ii)	5850.00
 (ii) TOTAL (add Lines 11(a)(i) and (ii)	7994.00
Lines 11(a)(i) and (ii)	
 (b) Political Party Committees (c) Other Political Committees (such as PACs)	13844.00
 (c) Pointear Party Committees (c) Other Political Committees (such as PACs)	
 (c) Other Political Committees (such as PACs)	0.00
 (such as PACs)	
 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 2151.00 2 Transfers From Affiliated/Other Party Committees 0.00 2 All Loans Received 0.00 3 All Loans Received 0.00 4 All Loans Received 0.00 5 Loan Repayments Received 0.00 6 All Loans Received 0.00 7 0.00 0.00 6 Refunds, Rebates, etc.) 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 7 0.00 0.00 8	
Transfers From Affiliated/Other Party Committees Party Committees All Loans Received Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5)	
 Transfers From Affiliated/Other Party Committees	13844.00
 All Loans Received	
 Loan Repayments Received	0.00
 Loan Repayments Received	
 built Hopayments Hoodreamments Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) 	0.00
 built repayments reconstruction interesting expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees	
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) 	
 (Carry Totals to Line 37, page 5)	
 Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00
Political Committees 0.00 Other Federal Receipts 0.00 (Dividends, Interest, etc.) 0.00 Transfers from Non-Federal and Levin Funds 0.00 (a) Non-Federal Account (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) 0.00	
 Other Federal Receipts (Dividends, Interest, etc.)	
 Other Federal Receipts (Dividends, Interest, etc.)	0.00
 (Dividends, Interest, etc.)	
 Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) 	0.00
(from Schedule H3)	
(from Schedule H3)	
	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))▶ 2151.00	13844.00

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

			1.1	 	1		1
						2151.00	
 	1.1	-7	1.0	 -7	1.	484	

		13844	.00

- 7

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4			
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	0.00	0.00			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00			
Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees					
and Other Political Committees	0.00	13000.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees(c) Other Political Committees	0.00	0.00			
(such as PACs) (d) Total Contribution Refunds	0.00	0.00			
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101) (a) Allocated Federal Election Activity	(20))				
(from Schedule H6) (i) Federal Share	0.00	0.00			
		0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	13000.00			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	0.00	13000.00			
		13000.0			

I

DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5
	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) (from Line 11(d), page 3)	2151.00	13844.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2151.00	13844.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	ny 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 PA	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Austen, Karla, , , Mailing Address 25 Carriage House Lane	al) or Full O	Drganization Name	Date of Receipt								
				06 08 2018								
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.44957								
			12000	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) P, Chief Financial Officer	Memo Item								
	Receipt For: 2018 Image: I	Aggregate	Year-to-Date ▼ 720.00									
В.	Full Name of Individual (Last, First, Middle Initia Austen, Karla, , ,	al) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 25 Carriage House Lane	State	Zip Code	06 22 2018								
	Saratoga Springs	NY	12866	Transaction ID : SA11AI.44958 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) P, Chief Financial Officer	Memo Item								
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00]								
<u></u> с.	Full Name of Individual (Last, First, Middle Initia Cameron, Carl, , ,	al) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 70 Barclay Square Drive			06 08 2018								
	City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.44963 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) MVP Health Care	Occi VP	cupation (for Individual)	Memo Item								
	Receipt For: 2018	Aggregate	Year-to-Date V									
	X Primary General Other (specify)		360.00									
s	UBTOTAL of Receipts This Page (optional)			150.00								

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OF

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			[Detailed Summary Page		×	11a		11b		11c		12		
							13		14		15		16		17
	ny information copied from such Reports and Sta for commercial purposes, other than using the														
$\left \right\rangle$	NAME OF COMMITTEE (In Full)														
	MVP Health Care Inc. Federal P.	AC													
Α.	Full Name of Individual (Last, First, Middle Initia Cameron, Carl, , ,	al) or Full (Orgai	nization Name		0	Date of	Re	eceipt						
	Mailing Address 70 Barclay Square Drive					ľ	м м	/	22		/ Y	Y 20) 18	Y	
	City	State		Zip Code		ľ	Trans	act	ion ID :	: SA	11AI.4	149 (54		
	Rochester	NY		14618		A	mount	t of	Each F	Rece	eipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						00				
	Name of Employer (for Individual)	Oco	cupat	ion (for Individual)			M	emc	b Item						
	MVP Health Care	VP	•			ľ									
	Receipt For: 2018	Aggregate	e Yea	ır-to-Date ▼											
	× Primary General	33 - 3													
	Other (specify)		-	390.00											
в.	Full Name of Individual (Last, First, Middle Initia Clancy, Catherine, , ,	al) or Full (Orgai	nization Name			Date of	f Re	eceipt						
	Mailing Address 19 Julia Court					ľ	м м 06	/	08		/ Y	20	18	Y	
	City	State		Zip Code		ŝ	Trans	acti	ion ID :	· SA	11 41 4	1496	5		
	Mahopac	NY		10541		A			Each I						
	FEC ID number of contributing federal political committee.	C						40.00							
	Name of Employer (for Individual) MVP Health Care	Occ EV		tion (for Individual)		Memo Item									
	Receipt For: 2018	Aggregate	e Yea	ır-to-Date ▼		1									
	★ Primary General Other (specify) ▼		,	480.00											
с.	Full Name of Individual (Last, First, Middle Initia Clancy, Catherine, , ,	al) or Full (Orgai	nization Name			Date of	Re	eceipt						
	Mailing Address 19 Julia Court					ľ	м м	/	22		/ Y)18	Y	
	City	State		Zip Code		ľ	Trans	act	ion ID	: SA	11AI.4	4496	56		
	Mahopac	NY		10541		A	mount	tof	Each F	Rece	eipt thi	is P	eriod		
	FEC ID number of contributing federal political committee.								y		y	_	40.	00]
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP					M	emo	o Item						
	Receipt For: 2018	Aggregate	e Yea	r-to-Date ▼											
	Primary General														
	Other (specify)	<u> </u>	7	520.00											
s	UBTOTAL of Receipts This Page (optional)			•••••					,		9		110.0	00	

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

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

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

Use separate schedule(s)

FOR LINE NUMBER:

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TEMIZED RECEIPTS	for each category of the	४ 11a ☐ 11b ☐ 11c ☐ 12								
	Detailed Summary Page									
	nd Statements may not be sold or used by any g the name and address of any political committe									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC									
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt								
Mailing Address 106 Birch Street		M M / D D / Y Y Y Y 06 08 2018								
City Liverpool	State Zip Code NY 13088	Transaction ID : SA11AI.44973								
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item								
MVP Health Care Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00									
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt								
Mailing Address 106 Birch Street		06 22 2018								
City Liverpool	StateZip CodeNY13088	Transaction ID : SA11AI.44974 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	40.00								
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item								
Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00]								
Full Name of Individual (Last, First, Middl C. Del Vecchio, Christopher, , ,	le Initial) or Full Organization Name	Date of Receipt								
Mailing Address 2854 W. Old State Road		M M / D D / Y Y Y Y 06 08 2018								
City Schenectady	StateZip CodeNY12303	Transaction ID : SA11AI.44975 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	60.00								
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Chief Operating Officer	Memo Item								
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼ 720.00									
	או) nber only)									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC										
Α.	Full Name of Individual (Last, First, Middle Initi Del Vecchio, Christopher, , , Mailing Address 2854 W. Old State Road	ial) or Full O	rganization Name	Date of Receipt								
	City	State	Zip Code	Transaction ID : SA11AI.44976								
	Schenectady	NY	12303	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	MVP Health Care	Chie	of Operating Officer									
	Receipt For: 2018	Aggregate	Year-to-Date ▼									
	× Primary General		700.00	1								
	Other (specify) ▼		780.00	1								
B.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 37 Campus Club Drive			06 08 2018								
	City	State	Zip Code	Transaction ID : SA11AI.44988								
	Guilderland	NY	12084	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 General Other (specify) ▼		Year-to-Date ▼ 510.00]								
с.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 37 Campus Club Drive			M M / D D / Y Y Y Y Y 06 22 2018								
	City	State	Zip Code	Transaction ID : SA11AI.44989								
	Guilderland	NY	12084	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	Occi Man	upation (for Individual) ager	Memo Item								
	Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 560.00]								
s	UBTOTAL of Receipts This Page (optional)			160.00								

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

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

SCHEDULE A (FEC Form 3)	X) [Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 C (check only one)							
TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c 15	12 16		
Any information copied from such Reports a or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC									
Full Name of Individual (Last, First, Midd Flor, Ian, , , Mailing Address 144 Watch Hill Road	e Initial) or Full Or	ganization Name		Date of	Re	ceipt	/ Y	Y Y Y		
City	State	Zip Code		06 Trans	acti	08 ion ID : S	6A11AI.4	2018 14994		
Cortlandt Manor FEC ID number of contributing federal political committee.	C	10567		mount	of	Each Re	ceipt thi	s Period 30.00		
Name of Employer (for Individual) MVP Health Care	Occu VP	pation (for Individual)		Me	emo	Item				
Receipt For: 2018	Aggregate	Year-to-Date ▼ 360.00								
Full Name of Individual (Last, First, Midd Flor, Ian, , ,	e Initial) or Full Or	ganization Name		Date of	Re	ceipt				
Mailing Address 144 Watch Hill Road				м м 06	/	D D D 22	/ Y	y y y 2018		
City	State	Zip Code		Trans	acti	on ID · S		4995		

Maining Address 144 Watch Hill Road			06 22 2018
City Cortlandt Manor	State NY	Zip Code 10567	Transaction ID : SA11AI.44995 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) MVP Health Care	Occu VP	pation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]
Full Name of Individual (Last, First, Middle Glavey, Patrick, , ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 3 Park Forest Drive			06 / D D / Y Y Y Y 06 08 2018
City	State NY	Zip Code	Transaction ID : SA11AI.45000
Pittsford FEC ID number of contributing federal political committee.	C	12180	Amount of Each Receipt this Period
Name of Employer (for Individual) MVP Health Care	Occu EVP	pation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 480.00]
SUBTOTAL of Receipts This Page (optiona	l)		100.00
TOTAL This Period (last page this line num	ber only)		

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page			_	1a 3		1 ¹	1b 4		11c 15		12 16	17					
	y information copied from such Reports and Sta for commercial purposes, other than using the					for	the					liciting		ntribu	tions				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC																	
<u> </u>	Full Name of Individual (Last, First, Middle Initia Glavey, Patrick, , ,	al) or Full C	Drganiz	ation Name		Da	te c	of Re	ece	eipt									
	Mailing Address 3 Park Forest Drive					M	06	/	ſ	D 22	D 2	/ Y		018	Y				
	City Pittsford	State NY		ip Code 12180					-		-	A11AI. ceipt th		-					
	FEC ID number of contributing federal political committee.	С							,			-	_	40.0	00				
	Name of Employer (for Individual) MVP Health Care	Occ EVF		n (for Individual)			N	lemo	o It	tem									
	Receipt For: 2018 ✔ Primary General Other (specify) ▼ Image: Contract of the specify of the specific of the specif	Aggregate	Year-t	o-Date ▼ 520.00															
в.	Full Name of Individual (Last, First, Middle Initia Gonick, Denise, , ,	al) or Full C	Drganiz	ation Name		Da	te c	of Re	ece	eipt									
	Mailing Address 332 Torquay Blvd.								M M / D D / Y Y Y Y Y 06 08 2018										
	City Albany	State NY		ip Code 12203							Transaction ID : SA11AI.45002 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.			80.00							00								
	Name of Employer (for Individual) MVP Health Care		cupation O/Pres	n (for Individual) ident		Memo Item													
	Receipt For: 2018 → Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 960.00															
с.	Full Name of Individual (Last, First, Middle Initia Gonick, Denise, , ,	al) or Full C	Drganiz	ation Name		Da	te c	of Re	ece	eipt									
	Mailing Address 332 Torquay Blvd.						06	1		22		/ Y)18 [°]	Y				
	City Albany	State NY		ip Code 12203	_							A11AI							
	FEC ID number of contributing federal political committee.	С				80.00													
	Name of Employer (for Individual) MVP Health Care	P Health Care CEO/President						Memo Item											
	Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-t	o-Date ▼ 1040.00															
s	UBTOTAL of Receipts This Page (optional)			•			-	-	,	_	-	5	-	200.0	00				
т	OTAL This Period (last page this line number o	nly)				L			,	_									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		Detailed Summary Page	×	11a		11b 14	11c	12						
Any information copied from such Reports	and Statements m	I ay not be sold or used by any p	berson f	13 or the	pur	pose of	15 soliciting	g contribu	utions					
or for commercial purposes, other than us	ing the name and a	address of any political committe	e to sol	icit co	ntrib	utions f	from suc	h commi	itee.					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC													
Full Name of Individual (Last, First, Mic A. Hogan, Rosemarie, , ,	Idle Initial) or Full C	Organization Name	[Date of	f Re	ceipt								
Mailing Address 45 Crestwood Drive		м м 06	1	08) / Y	ү ү 2018	Y							
City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.45014 Amount of Each Receipt this Period											
		12000	A	Amoun	t of	Each R	leceipt th	nis Perioo	ł					
FEC ID number of contributing federal political committee.	C			_				30	.00					
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)		M	emo	tem								
Receipt For: 2018	Aggregate	Year-to-Date ▼												
✔ Primary General Other (specify) ▼		360.00]											
Full Name of Individual (Last, First, Mic B. Hogan, Rosemarie, , ,	Idle Initial) or Full C	Organization Name		Date of	f Re	ceipt								
Mailing Address 45 Crestwood Drive				м м 06	/	22) / Y	y y 2018	Y					
City	State	Zip Code		Transaction ID : SA11AI.45015										
Schenectady	NY	12866	A	Amoun	t of	Each R	Receipt th	nis Period	t					
FEC ID number of contributing federal political committee.	ě			30.00										
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)		М	emo	tem								
Receipt For: 2018	Aggregate	Year-to-Date V												
★ Primary General Other (specify) ▼		390.00												
Full Name of Individual (Last, First, Mic C. Husted, Kevin, , ,	Idle Initial) or Full C	Organization Name		Date of	f Re	ceipt								
Mailing Address 38 Fox Hill Drive				м м 06	/	08) / Y	y y 2018	Y					
City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.45018						
Fairport	NY	14450	/	Amoun	t of	Each R	Receipt th	nis Perioo	ł					
FEC ID number of contributing federal political committee.	С					<u>, </u>		30	.00					
Name of Employer (for Individual)		upation (for Individual)		Memo Item										
MVP Health Care Receipt For: 2018	ctor													
Primary General	Aggregate	Year-to-Date ▼												
Other (specify)		360.00												
SUBTOTAL of Receipts This Page (optio	nal)							90	.00					
TOTAL This Period (last page this line n														

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

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

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		×	11a		11b		11c	1		
Ar	ny information copied from such Reports and	Statements ma	y not be sold or used by any p	erson	fo	13 r the	pur	14 pose o		15 liciting		6 ribut	17 ions
	for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
\backslash	MVP Health Care Inc. Federal	PAC											
Α.	Full Name of Individual (Last, First, Middle In Husted, Kevin, , ,	iitial) or Full O	ganization Name		D	ate of	f Re	eceint					
Λ.	Mailing Address 38 Fox Hill Drive				_	M = M		D	D	/ Y	Y	Y	Y
					L	06		22		L	201	8	
	City	State NY	Zip Code 14450					ion ID					
	Fairport		14450	_	A	moun	t of	Each	Rece	ipt th	is Pei	riod	
	FEC ID number of contributing federal political committee.	С								_		30.0	00
	·				ř	1		-			-		
	Name of Employer (for Individual)		pation (for Individual)		Į,	M	emo	tem					
	MVP Health Care Receipt For: 2018	Dire		_									
	Primary General	Aggregate	Year-to-Date V										
	Other (specify) v		390.00										
				<u> </u>									
_	Full Name of Individual (Last, First, Middle In	iitial) or Full Oi	ganization Name		_								
в.	Levin, Julie A., , ,					ate of	r Re						
	Mailing Address 3900 Greystone Avenue #61-A				Γ	м м 06	1′	08	B	/ Y	2018	ү 8	Y
	City	State	Zip Code		2	Trans	acti	ion ID	: SA	11AL.4	15026		
	Riverdale	NY	10463		A	moun	t of	Each	Rece	ipt th	is Per	riod	
	FEC ID number of contributing	С			Γ		1			-		30.0	0
	federal political committee.	U			Ŀ		-	7		7	-	00.0	
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)		l	М	emo	tem					
	Receipt For: 2018	Aggregate	Year-to-Date 🔻										
	Primary General			11.									
	Other (specify) v		, 360.00	4									
С.	Full Name of Individual (Last, First, Middle In Mackinnon, Matthew, J., Mr.,	iitial) or Full O	ganization Name		D	ate of	f Re	eceipt					
•	Mailing Address 1523 East Avenue				_	M – M		D		/ Y	Y		Y
	City	State	Zip Code		Ļ	06 Trong		30 I a n I D	_		201		
	Rochester	NY	14610					ion ID Each					
	FEC ID number of contributing					mouri		Lacii	nece	apt th			
	federal political committee.	C			Ļ	-	-	y		9		20.0	00
	Name of Employer (for Individual)	Occu	pation (for Individual)		l	Μ	emo	b Item					
	MVP Health Care	VP											
	Receipt For: 2018	Aggregate	Year-to-Date 🔻	_									
	Primary General Other (specify)		240.00										
Γ					Г	-	-		-	_			_
s	UBTOTAL of Receipts This Page (optional)			•	L			y				80.0	0
\vdash				_	Ē					-		-	_

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

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CHEDULE A (FEC Form 3 FEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 OF (check only one) 11a 11b 11c 12 13 14 15 16 16
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Midd Mackinnon, Matthew, J., Mr., Mailing Address 1523 East Avenue	le Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	06 22 2018 Transaction ID : SA11AI.45037
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼ 260.00]
Full Name of Individual (Last, First, Midd B. Malko, Elizabeth, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 36 Quarry Road			06 08 2018
0.1	01-1-	7	

B. Malko, Elizabeth, , ,	ie initial) or full Organization Na	Date of Receipt
Mailing Address 36 Quarry Road		M M / D D / Y Y Y Y 06 08 2018
City	State Zip Code	Transaction ID : SA11AI.45038
Chester	VT 05143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Ind EVP	dividual) Memo Item
Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date	480.00
Full Name of Individual (Last, First, Mido Malko, Elizabeth, , ,	le Initial) or Full Organization Na	Date of Receipt
Mailing Address 36 Quarry Road		06 / D D / Y Y Y Y 2018
City	State Zip Code	Transaction ID : SA11AI.45039
Chester	VT 05143	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Inc	dividual) Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date	520.00
SUBTOTAL of Receipts This Page (option	al)	100.00
TOTAL This Period (last page this line num	nber only)	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEWIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c		2	<u> </u>
Any information copied from such Reports an or for commercial purposes, other than using								g cont		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa										
 Full Name of Individual (Last, First, Middle Martin, Augusta, , , Mailing Address 113 Kaydeross Park Road 		rganization Name		Date o	f Re	D			Y	Y
City	State	Zip Code	- I	06	١.	08		201		
Saratoga Springs	NY	12866					SA11AI Receipt tl			
FEC ID number of contributing federal political committee.	С			Anoun					30.0	0
Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)		М	emc	ltem				
Receipt For: 2018	Aggregate	Year-to-Date ▼ 360.00]							
Full Name of Individual (Last, First, Middle B. Martin, Augusta, , , Mailing Address, 142 Kaudaneer Park Baad	Initial) or Full O	rganization Name	[Date o	f Re	· ·				
Mailing Address 113 Kaydeross Park Road				06	1	22		201	8	Y
City	State	Zip Code		Trans	acti	on ID :	SA11AL	.45041		
Saratoga Springs	NY	12866	A	moun	t of	Each F	Receipt tl	his Pe	riod	
FEC ID number of contributing federal political committee.	С			_					30.0	0
Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)		M	emc	tem				
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]							
Full Name of Individual (Last, First, Middle C. Metheny, Laurie, , ,	Initial) or Full O	rganization Name		Date o	f Re	eceipt				
Mailing Address 21 Joellen Drive				^M 06	/	D 08		201	8 8	Y
City Rochester	State NY	Zip Code 14626	A			-	SA11AI Receipt th		-	
FEC ID number of contributing federal political committee.	C			_		,	,		50.0	0
Name of Employer (for Individual) MVP Health Care		ipation (for Individual) f Risk Officer, VP		M	emo	tem				
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]							
SUBTOTAL of Receipts This Page (optional)								1	10.0	0

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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19

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			erson for the purpose of soliciting contributions
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fec	leral PAC		
Full Name of Individual (Last, First, M A. Metheny, Laurie, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 21 Joellen Drive			06 22 2018
City	State	Zip Code	Transaction ID : SA11AI.45047
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
MVP Health Care	Chie	f Risk Officer, VP	_
Receipt For: 2018	Aggregate	Year-to-Date 🔻	
x Primary General	.55.05410		1
Other (specify) v		650.00	
Full Name of Individual (Last, First, M Montepare, Carole , , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 100 McLain Court			06 08 2018
City	State	Zip Code	Transaction ID : SA11AI.45050
Williamstown	MA	01267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00]
Full Name of Individual (Last, First, M C. Montepare, Carole, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 100 McLain Court			06 22 2018
City	State	Zip Code	Transaction ID : SA11AI.45051
Williamstown	MA	01267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) MVP Health Care	Occu VP	ipation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	1
SUBTOTAL of Receipts This Page (opti	onal)		110.00

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

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

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

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

(check only one)

X 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Α. Date of Receipt Mailing Address 12 Feeney Road M M 1 06 08 2018 City Zip Code State Transaction ID : SA11AI.45052 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP **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. Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 06 2018 22 City State Zip Code Transaction ID : SA11AI.45053 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: 2018 Aggregate Year-to-Date ▼ Primarv General x Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road MM 06 08 2018 City Zip Code State Transaction ID : SA11AI.45060 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing С 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 X 240.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

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PAGE

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a 13		11b	11c		12	_ 4 - 7
	y information copied from such Reports and St for commercial purposes, other than using the					for the						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P											
A.	Full Name of Individual (Last, First, Middle Initi Poole III, James, , , Mailing Address 96 Spar Road	al) or Full C)rgai	nization Name		Date of	_	eceipt		Y	Y 10019	Y
	City Willington	State CT		Zip Code 06279		Trans		ion ID :	SA11AI	.450		
	FEC ID number of contributing federal political committee.	С									20.0)0
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018 ✓ Primary General Other (specify) ▼	VP,	Chi	tion (for Individual) ef Security Officer ar-to-Date ▼ 260.00]	M	emo	o Item				
в.	Full Name of Individual (Last, First, Middle Initi Santiago, Mark, , , Mailing Address 23 Lees Way	al) or Full C)rgai	nization Name		Date of	f Re	eceipt	D / Y	Y	Ý	Y
	City Hopewell Junction	State NY		Zip Code 12533	06 08 2011 Transaction ID : SA11AL45068 Amount of Each Receipt this Per					68		
	FEC ID number of contributing federal political committee.	С	_							_	20.0	00
	Name of Employer (for Individual) MVP Health Care	Occ VP	•	tion (for Individual)		M	emo	o Item				
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00	1							
с.	Full Name of Individual (Last, First, Middle Initi Santiago, Mark, , ,	al) or Full C)rgai	nization Name		Date of	f Re	eceipt				
	Mailing Address 23 Lees Way			7.0.1		06	/	22		20	018	Y
	City Hopewell Junction	State NY		Zip Code 12533					SA11AI Receipt th			
	FEC ID number of contributing federal political committee.	С	_					y	, ,	_	20.0)0
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	VP		tion (for Individual) ar-to-Date ▼ 260.00]	M	em	o Item				
s	UBTOTAL of Receipts This Page (optional)				•			y	. ,		60.0	00
т	OTAL This Period (last page this line number o	nly)		••••••	-						1470.0	00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS			(Use separate schedule(s)	PAGE 19 OF 19 FOR LINE NUMBER:
Excluding Loans			for each numbered line)	(check only one) 9 × 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	:	I		
A. Full Name (Last, First, Middle Initial) of Deb Deluxe Business Checks	tor 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			Transacti	on ID : SD10.4163
Amount Incurred This Period	Pay	ment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.0	0	145.00
B. Full Name (Last, First, Middle Initial) of Debto Media Well Done	or or Creditor		Nature of D Advertising	ebt (Purpose):
Mailing Address 96 Jay Street				
City Schenectady	State NY	Zip Code 12305		
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10.4165
338.00				
338.00 Amount Incurred This Period	Pa	ment This Period	Outstandir	ng Balance at Close of This Period
	Pay	vment This Period		ng Balance at Close of This Period 338.00
Amount Incurred This Period			0	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb			0	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor	0.0	0	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb			0	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor	0.0	0	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City	tor or Creditor	0.0	0 Nature of D	338.00
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor State Pay	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	tor or Creditor	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Insubtration of the period Insubtration of the period of the perio	tor or Creditor State Pay er only)	0.0 Zip Code	0 Nature of D Outstandin	338.00 ebt (Purpose): ng Balance at Close of This Period 483.00