

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. Federal PAC

ADDRESS (number and street) 625 State Street

Check if different than previously reported. (ACC) Schenectady NY 12305

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00431429

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report

(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 01 2018 through 09 30 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Estey, Jordan, T, ,

Type or Print Name of Treasurer Signature of Treasurer Estey, Jordan, T, , [Electronically Filed] Date 10 11 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		63943.34
(b) Cash on Hand at Beginning of Reporting Period.....	64787.34	
(c) Total Receipts (from Line 19) .....	7629.00	21473.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72416.34	85416.34
7. Total Disbursements (from Line 31).....	14500.00	27500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57916.34	57916.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	10850.00
(ii) Unitemized .....	2629.00	10623.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7629.00	21473.00
(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 Totals to Line 33, page 5) .....	7629.00	21473.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	7629.00	21473.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7629.00	21473.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. 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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	27500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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
(c) Total Federal Election Activity (add 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)) ..	14500.00	27500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14500.00	27500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7629.00	21473.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7629.00	21473.00
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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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**

**A. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45130**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45131**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45132**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45133**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1080.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45134**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1140.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45135**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 54  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Austen, Karla, , ,**

Mailing Address 25 Carriage House Lane

City Saratoga Springs   State NY   Zip Code 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care   Occupation (for Individual) EVP, Chief Financial Officer

Receipt For: 2018  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018

**Transaction ID : SA11AI.45136**

Amount of Each Receipt this Period  
 60.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Cameron, Carl, , ,**

Mailing Address 70 Barclay Square Drive

City Rochester   State NY   Zip Code 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care   Occupation (for Individual) VP

Receipt For: 2018  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018

**Transaction ID : SA11AI.45154**

Amount of Each Receipt this Period  
 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Cameron, Carl, , ,**

Mailing Address 70 Barclay Square Drive

City Rochester   State NY   Zip Code 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care   Occupation (for Individual) VP

Receipt For: 2018  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018

**Transaction ID : SA11AI.45155**

Amount of Each Receipt this Period  
 30.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45156**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45157**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45158**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45159**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45160**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Clancy, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Julia Court  
 City Mahopac State NY Zip Code 10541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45161**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

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

Mailing Address 19 Julia Court

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : SA11AI.45162**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 19 Julia Court

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

**Transaction ID : SA11AI.45163**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 19 Julia Court

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11AI.45164**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

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

Mailing Address 19 Julia Court

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : SA11AI.45165**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 19 Julia Court

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.45166**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 19 Julia Court

City Mahopac	State NY	Zip Code 10541
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.45167**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45189**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45190**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45191**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45192**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45193**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45194**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45195**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45196**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45197**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 960.00

Date of Receipt  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45198**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1020.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45199**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1080.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45200**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1140.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45201**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45202**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**C. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 610.00

Date of Receipt  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45238**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Estey, Jordan, T, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Campus Club Drive

City Guilderland	State NY	Zip Code 12084
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

**Transaction ID : SA11AI.45239**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Estey, Jordan, T, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Campus Club Drive

City Guilderland	State NY	Zip Code 12084
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2018

**Transaction ID : SA11AI.45240**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Estey, Jordan, T, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 37 Campus Club Drive

City Guilderland	State NY	Zip Code 12084
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager
--	--

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

**Transaction ID : SA11AI.45241**

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45242**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 860.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45243**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45244**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45259**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45260**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45261**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45262**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45263**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45264**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45265**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Glavey, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Park Forest Drive  
 City Pittsford State NY Zip Code 12180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45287**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Glavey, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Park Forest Drive  
 City Pittsford State NY Zip Code 12180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45288**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Glavey, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Park Forest Drive

City Pittsford	State NY	Zip Code 12180
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

**Transaction ID : SA11AI.45289**

Amount of Each Receipt this Period  
40.00

Memo Item

**B. Glavey, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Park Forest Drive

City Pittsford	State NY	Zip Code 12180
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11AI.45290**

Amount of Each Receipt this Period  
40.00

Memo Item

**C. Glavey, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Park Forest Drive

City Pittsford	State NY	Zip Code 12180
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP
--	------------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : SA11AI.45291**

Amount of Each Receipt this Period  
40.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Glavey, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Park Forest Drive  
 City Pittsford State NY Zip Code 12180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45292**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Glavey, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Park Forest Drive  
 City Pittsford State NY Zip Code 12180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45293**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1120.00

Date of Receipt  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45294**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45295**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45296**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**C. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45297**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45298**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45299**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**C. Gonick, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 332 Torquay Blvd.  
 City Albany State NY Zip Code 12203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45300**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45342**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45343**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45344**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45345**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45346**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45347**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45348**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive  
 City Fairport State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45356**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive  
 City Fairport State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45357**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive  
 City Fairport State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45358**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive  
 City Fairport State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45359**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive  
 City Fairport State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45360**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45361**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45362**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C. Mackinnon, Matthew, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45412**

Amount of Each Receipt this Period  
 20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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**

**A. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : SA11AI.45413**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

**Transaction ID : SA11AI.45414**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11AI.45415**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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**

**A. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : SA11AI.45416**

Amount of Each Receipt this Period  

20.00
-------

 Memo Item

**B. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.45417**

Amount of Each Receipt this Period  

20.00
-------

 Memo Item

**C. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.45418**

Amount of Each Receipt this Period  

20.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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**

**A. Malko, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Quarry Road  
 City Chester State VT Zip Code 05143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45419**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Malko, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Quarry Road  
 City Chester State VT Zip Code 05143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45420**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Malko, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Quarry Road  
 City Chester State VT Zip Code 05143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45421**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 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**

**A. Malko, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Quarry Road  
 City Chester State VT Zip Code 05143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45422**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Malko, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Quarry Road  
 City Chester State VT Zip Code 05143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45423**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Malko, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 Quarry Road  
 City Chester State VT Zip Code 05143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45424**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 36 OF 54  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Martin, Augusta, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : SA11AI.45425**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**B. Martin, Augusta, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2018

**Transaction ID : SA11AI.45426**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

**C. Martin, Augusta, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2018

**Transaction ID : SA11AI.45427**

Amount of Each Receipt this Period  

30.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 37 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Martin, Augusta, , ,**

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45428**

Amount of Each Receipt this Period  
 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Martin, Augusta, , ,**

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45429**

Amount of Each Receipt this Period  
 30.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Martin, Augusta, , ,**

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45430**

Amount of Each Receipt this Period  
 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Martin, Augusta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Kaydeross Park Road  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45431**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45446**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45447**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45448**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45449**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45450**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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**

**A. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45451**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 09 / 28 / 2018  
**Transaction ID : SA11AI.45452**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Montepare, Carole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 McLain Court  
 City Williamstown State MA Zip Code 01267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45460**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Montepare, Carole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 McLain Court  
 City Williamstown State MA Zip Code 01267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45461**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**B. Montepare, Carole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 McLain Court  
 City Williamstown State MA Zip Code 01267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45462**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Montepare, Carole, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 McLain Court  
 City Williamstown State MA Zip Code 01267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45463**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Montepare, Carole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 McLain Court

City Williamstown	State MA	Zip Code 01267
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : SA11AI.45464**

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Montepare, Carole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 McLain Court

City Williamstown	State MA	Zip Code 01267
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

**Transaction ID : SA11AI.45465**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Montepare, Carole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 McLain Court

City Williamstown	State MA	Zip Code 01267
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

**Transaction ID : SA11AI.45466**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2018  
**Transaction ID : SA11AI.45467**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2018  
**Transaction ID : SA11AI.45468**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 03 / 2018  
**Transaction ID : SA11AI.45469**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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**

**A. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2018  
**Transaction ID : SA11AI.45470**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**B. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2018  
**Transaction ID : SA11AI.45471**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

**C. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2018  
**Transaction ID : SA11AI.45472**  
 Amount of Each Receipt this Period  
 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **09 / 28 / 2018**  
**Transaction ID : SA11AI.45473**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Poole III, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 Spar Road  
 City Willington State CT Zip Code 06279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Chief Security Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 06 / 2018**  
**Transaction ID : SA11AI.45495**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Poole III, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 96 Spar Road  
 City Willington State CT Zip Code 06279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Chief Security Officer  
 Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 20 / 2018**  
**Transaction ID : SA11AI.45496**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Poole III, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Spar Road

City Wilmington	State CT	Zip Code 06279
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP, Chief Security Officer
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

**Transaction ID : SA11AI.45497**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Poole III, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Spar Road

City Wilmington	State CT	Zip Code 06279
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP, Chief Security Officer
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11AI.45498**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Poole III, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 96 Spar Road

City Wilmington	State CT	Zip Code 06279
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP, Chief Security Officer
--	---

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

**Transaction ID : SA11AI.45499**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Poole III, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 96 Spar Road  
City Willington State CT Zip Code 06279  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Chief Security Officer  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 14 / 2018  
**Transaction ID : SA11AI.45500**  
Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Poole III, James, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 96 Spar Road  
City Willington State CT Zip Code 06279  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Chief Security Officer  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 28 / 2018  
**Transaction ID : SA11AI.45501**  
Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 23 Lees Way  
City Hopewell Junction State NY Zip Code 12533  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2018  
**Transaction ID : SA11AI.45529**  
Amount of Each Receipt this Period 20.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Lees Way

City Hopewell Junction	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2018

**Transaction ID : SA11AI.45530**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Lees Way

City Hopewell Junction	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		03		2018

**Transaction ID : SA11AI.45531**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Lees Way

City Hopewell Junction	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		17		2018

**Transaction ID : SA11AI.45532**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Lees Way

City Hopewell Junction	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
08 / 31 / 2018

**Transaction ID : SA11AI.45533**

Amount of Each Receipt this Period  

20.00
-------

 Memo Item

**B. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Lees Way

City Hopewell Junction	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
380.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 14 / 2018

**Transaction ID : SA11AI.45534**

Amount of Each Receipt this Period  

20.00
-------

 Memo Item

**C. Santiago, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 Lees Way

City Hopewell Junction	State NY	Zip Code 12533
---------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

**Transaction ID : SA11AI.45535**

Amount of Each Receipt this Period  

20.00
-------

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. BRIAN HIGGINS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address P.O. BOX 28		FEC Identification Number C C00401034 <b>Transaction ID : SB23.45121</b> Amount of Each Disbursement this Period 1500.00
City BUFFALO	State NY	Zip Code 14220
Purpose of Disbursement	Category/ Type 011	
Candidate Name <b>BRIAN HIGGINS FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 26	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ELISE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018
Mailing Address PO BOX 338		FEC Identification Number C C00547893 <b>Transaction ID : SB23.45112</b> Amount of Each Disbursement this Period 2000.00
City WILLSBORO	State NY	Zip Code 12996
Purpose of Disbursement	Category/ Type 011	
Candidate Name <b>ELISE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 21	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ELISE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO BOX 338		FEC Identification Number C C00547893 <b>Transaction ID : SB23.45114</b> Amount of Each Disbursement this Period 1000.00
City WILLSBORO	State NY	Zip Code 12996
Purpose of Disbursement	Category/ Type 011	
Candidate Name <b>ELISE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NY	District: 21	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. FASO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 98

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

City  
SOUTH SALEM

State  
NY

Zip Code  
10590

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00580415

**Transaction ID : SB23.45116**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Candidate Name

**FASO FOR CONGRESS**

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2018

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY

District: 19

**B. JOE MORELLE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address P.O. BOX 90914

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	8

City  
ROCHESTER

State  
NY

Zip Code  
14609

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00675108

**Transaction ID : SB23.45117**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Candidate Name

**JOE MORELLE FOR CONGRESS**

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2018

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: NY

District: 25

**C. KATKO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 133

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	8

City  
CAMILLUS

State  
NY

Zip Code  
13031

FEC Identification Number

Purpose of Disbursement

011
Category/ Type

C C00556365

**Transaction ID : SB23.45110**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

Candidate Name

**KATKO FOR CONGRESS**

Office Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2018

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY

District: 24

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

Full Name (Last, First, Middle Initial) <b>A. KATKO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO BOX 133		FEC Identification Number C00556365 <b>Transaction ID : SB23.45111</b>
City CAMILLUS	State NY	Zip Code 13031
Purpose of Disbursement		011 Category/Type
Candidate Name <b>KATKO FOR CONGRESS</b>		Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 24	

Full Name (Last, First, Middle Initial) <b>B. PAUL TONKO FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address 911 CENTRAL AVENUE PO BOX 221		FEC Identification Number C00450049 <b>Transaction ID : SB23.45113</b>
City ALBANY	State NY	Zip Code 12206
Purpose of Disbursement		011 Category/Type
Candidate Name <b>PAUL TONKO FOR CONGRESS</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>C. SEAN PATRICK MALONEY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2018
Mailing Address PO BOX 270		FEC Identification Number C00512426 <b>Transaction ID : SB23.45115</b>
City NEWBURGH	State NY	Zip Code 12550
Purpose of Disbursement		011 Category/Type
Candidate Name <b>SEAN PATRICK MALONEY FOR CONGRESS</b>		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NY	District: 18	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

Full Name (Last, First, Middle Initial)

**A. TOM REED FOR CONGRESS**

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

011
Category/ Type

Candidate Name  
**TOM REED FOR CONGRESS**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NY District: 29

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 09 / 19 / 2018

FEC Identification Number  
**C** C00464032  
**Transaction ID : SB23.45122**  
 Amount of Each Disbursement this Period  
 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y

FEC Identification Number  
**C**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y

FEC Identification Number  
**C**  
 Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

2000.00
14500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 54
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Deluxe Business Checks</b>			Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572			
City Cincinnati	State OH	Zip Code 45274	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4163</b>	
145.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	145.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Media Well Done</b>			Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street			
City Schenectady	State NY	Zip Code 12305	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.4165</b>	
338.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	338.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	483.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	483.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	483.00