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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

- Ortin Ozt	Other Than All Autho	mized Committee		Office Use Only					
1. NAME OF TYN COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	5					
MVP Health Care Inc. Fe	deral PAC								
ADDRESS (number and street)	S25 State Street								
Check if different									
than previously reported. (ACC)	Schenectady		NY L	12305					
2. FEC IDENTIFICATION NUMBER	BER ▼ CITY	A	STATE ▲	ZIP CODE ▲					
C C00431429	3. IS T	THIS NEW (N) OI		ENDED					
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:			20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)					
(a) Quarterly Reports:	Mar 20			(Non-Election Year Only)					
April 15 Quarterly Report (Q1)	Apr 20			0 (M10) Jan 31 (YE)					
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (1	25)					
January 31 Year-End Report (YE)	Election	on	YYYY	in the State of					
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30	DR) Special (30S)					
Termination Report (TER)	Election	on	/ Y = Y = Y	in the State of					
5. Covering Period 07	01 2018	through 09	M / 30 /	2018					
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of m Estey, Jordan, T, ,	y knowledge and belief it is	true, correct and	complete.					
Signature of Treasurer Estey, Journal Description	rdan, T, ,	[Electronically Filed]	Date 10	11 2018					
NOTE: Submission of false, erroneous	s, or incomplete information r	nay subject the person signin	g this Report to the	e penalties of 52 U.S.C. § 3010					
Office Use Only				FEC FORM 3X Rev. 05/2016					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From:	7 01 2018 T	To: 09 / 30 / 2018
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		63943.34
(b) Cash on Hand at Beginning of Reporting Period	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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multical	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal	PAC
------------------------------	-----

ort Covering the Period: From: 07	01 2018 To	09 30 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
,		
Than Political Committees (i) Itemized (use Schedule A)	5000.00	10850.00
(ii) Unitemized	2629.00	10623.00
Lines 11(a)(i) and (ii)	7629.00	21473.00
,	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	7629.00	21473.00
	0.00	0.00
All Loans Received	0.00	0.00
to the second se	0.00	0.00
Refunds, Rebates, etc.)		
Refunds of Contributions Made	0.00	0.00
Political Committees	0.00	0.00
	0.00	0.00
ransfers from Non-Federal and Levin Funds		
(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
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(i) Federal Share	4 4 4	
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	000	0.00
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	14500.00	27500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	45 45 45	
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30- (a) Allocated Federal Election Activity	101(20))	
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	14500.00	27500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	14500.00	0750000
,	14300.00	27500.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 7629.00 21473.00 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 21473.00 7629.00 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

Use separate schedule(s) for each category of the

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2018 City Zip Code State Transaction ID: SA11AI.45130 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 840.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2018 City State Zip Code Transaction ID: SA11AI.45131 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 03 2018 City Zip Code State Transaction ID: SA11AI.45132 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 960.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2018 City Zip Code State Transaction ID: SA11AI.45133 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1020.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2018 City State Zip Code Transaction ID: SA11AI.45134 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 1080.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 14 2018 City Zip Code State Transaction ID: SA11AI.45135 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1140.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2018 City Zip Code State Transaction ID: SA11AI.45136 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City State Zip Code Transaction ID: SA11AI.45154 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 20 2018 City Zip Code State Transaction ID: SA11AI.45155 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 450.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City Zip Code State Transaction ID: SA11AI.45156 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City State Zip Code Transaction ID : SA11AI.45157 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City Zip Code State Transaction ID: SA11AI.45158 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 540.00 Other (specify) 90.00

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

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

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City Zip Code State Transaction ID: SA11AI.45159 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 570.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City State Zip Code Transaction ID: SA11AI.45160 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 06 2018 City Zip Code State Transaction ID: SA11AI.45161 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 560.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2018 City Zip Code State Transaction ID: SA11AI.45162 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2018 City State Zip Code Transaction ID: SA11AI.45163 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 640.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 17 2018 City Zip Code State Transaction ID: SA11AI.45164 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 680.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 31 2018 City Zip Code State Transaction ID: SA11AI.45165 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 09 14 2018 City State Zip Code Transaction ID: SA11AI.45166 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 760.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 28 2018 City Zip Code State Transaction ID: SA11AI.45167 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 800.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2018 City Zip Code State Transaction ID: SA11AI.45189 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2018 City State Zip Code Transaction ID: SA11AI.45190 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 03 2018 City Zip Code State Transaction ID: SA11AI.45191 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 640.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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			Detailed Summary Page	13 14 15 16 17							
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\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С									
١.	Full Name of Individual (Last, First, Middle Initial) Deferio, Patricia, , ,	or Full Org	anization Name	Date of Receipt							
	Mailing Address 106 Birch Street			08 17 2018							
	City	State	Zip Code	Transaction ID : SA11AI.45192							
	Liverpool	NY	13088	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		40.00							
	Name of Employer (for Individual) MVP Health Care	Occup: VP	ation (for Individual)	Memo Item							
		Aggregate Ye	ear-to-Date ▼								
	Primary ✓ General Other (specify) ✓	1 1 7	680.00								
3.	Full Name of Individual (Last, First, Middle Initial) Deferio, Patricia, , ,	or Full Orga	anization Name	Date of Receipt							
	Mailing Address 106 Birch Street	0	7.0.4.	08 31 2018							
	City Liverpool	State	Zip Code 13088	Transaction ID : SA11AI.45193							
	FEC ID number of contributing	-	10000	Amount of Each Receipt this Period							
	federal political committee.	C		40.00 Memo Item							
	Name of Employer (for Individual) MVP Health Care	Occup VP	ation (for Individual)	Memo Item							
	Receipt For: 2018 Primary General	Aggregate Ye	ear-to-Date ▼								
	Other (specify) ▼	1	720.00								
).	Full Name of Individual (Last, First, Middle Initial) Deferio, Patricia, , ,	or Full Orga	anization Name	Date of Receipt							
	Mailing Address 106 Birch Street			09 14 2018							
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.45194							
			10000	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		40.00							
	Name of Employer (for Individual) MVP Health Care	Occup: VP	ation (for Individual)	Memo Item							
	Receipt For: 2018 Primary X General	Aggregate Ye	ear-to-Date ▼								
	Other (specify)		760.00								
s	UBTOTAL of Receipts This Page (optional)			120.00							
T	OTAL This Period (last page this line number onl	y)	>								

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2018 City Zip Code State Transaction ID: SA11AI.45195 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 07 2018 City State Zip Code Transaction ID: SA11AI.45196 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 20 2018 City Zip Code State Transaction ID: SA11AI.45197 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 900.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 03 2018 City Zip Code State Transaction ID: SA11AI.45198 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 960.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 80 2018 17 City Zip Code State Transaction ID: SA11AI.45199 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1020.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 31 2018 City Zip Code State Transaction ID: SA11AI.45200 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1080.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 2018 City Zip Code State Transaction ID: SA11AI.45201 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1140.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 09 2018 City State Zip Code Transaction ID: SA11AI.45202 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 06 2018 City Zip Code State Transaction ID: SA11AI.45238 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 610.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2018 City Zip Code State Transaction ID: SA11AI.45239 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 660.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 2018 City State Zip Code Transaction ID: SA11AI.45240 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 710.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 17 2018 City Zip Code State Transaction ID: SA11AI.45241 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 760.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2018 City Zip Code State Transaction ID: SA11AI.45259 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2018 City State Zip Code Transaction ID: SA11AI.45260 Cortlandt Manor NY 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 03 2018 City Zip Code State Transaction ID: SA11AI.45261 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 17 2018 City Zip Code State Transaction ID: SA11AI.45262 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2018 City State Zip Code Transaction ID: SA11AI.45263 Cortlandt Manor NY 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 14 2018 City Zip Code State Transaction ID: SA11AI.45264 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2018 City Zip Code State Transaction ID: SA11AI.45265 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 600.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City State Zip Code Transaction ID: SA11AI.45287 Pittsford NY 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 20 2018 City Zip Code State Transaction ID: SA11AI.45288 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 600.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City Zip Code State Transaction ID: SA11AI.45289 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 640.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City State Zip Code Transaction ID: SA11AI.45290 Pittsford NY 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City Zip Code State Transaction ID: SA11AI.45291 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City Zip Code State Transaction ID: SA11AI.45292 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 760.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City State Zip Code Transaction ID: SA11AI.45293 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 06 2018 City Zip Code State Transaction ID: SA11AI.45294 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1120.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2018 City Zip Code State Transaction ID: SA11AI.45342 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2018 City State Zip Code Transaction ID: SA11AI.45343 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 03 2018 City Zip Code State Transaction ID: SA11AI.45344 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2018 City Zip Code State Transaction ID: SA11AI.45345 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2018 City State Zip Code Transaction ID: SA11AI.45346 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 14 2018 City Zip Code State Transaction ID: SA11AI.45347 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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MVP Health Care Inc. Feder	al PAC					
Full Name of Individual (Last, First, Middle Husted, Kevin, , ,	Date of Receipt 08 03 2018					
Mailing Address 38 Fox Hill Drive						
City Fairport	State Zip Code NY 14450	Transaction ID : SA11AI.45358 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	Memo Item				
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00					
Full Name of Individual (Last, First, Middle Husted, Kevin, , , Mailing Address 38 Fox Hill Drive	Date of Receipt					
City Fairport	State Zip Code NY 14450	Transaction ID : SA11AI.45359 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů ,					
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	Memo Item				
Receipt For: 2018 Primary General Other (specify) ▼	Primary General					
Full Name of Individual (Last, First, Middle C. Husted, Kevin, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 38 Fox Hill Drive		08 31 2018				
City Fairport	State Zip Code NY 14450	Transaction ID : SA11AI.45360 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	Memo Item				
Receipt For: 2018 Primary	Aggregate Year-to-Date ▼ 540.00					
SUBTOTAL of Receipts This Page (optional	ı) >	90.00				
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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2018 City Zip Code State Transaction ID: SA11AI.45361 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 570.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 09 2018 City State Zip Code Transaction ID: SA11AI.45362 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 06 2018 City Zip Code State Transaction ID: SA11AI.45412 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 280.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 20 2018 City Zip Code State Transaction ID: SA11AI.45413 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 80 03 2018 City State Zip Code Transaction ID: SA11AI.45414 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 17 2018 City Zip Code State Transaction ID: SA11AI.45415 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 31 2018 City Zip Code State Transaction ID: SA11AI.45416 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 09 14 2018 City State Zip Code Transaction ID: SA11AI.45417 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 28 2018 City Zip Code State Transaction ID: SA11AI.45418 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malko, Elizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2018 City Zip Code State Transaction ID: SA11AI.45419 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Elizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 07 2018 City State Zip Code Transaction ID: SA11AI.45420 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Malko, Elizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 03 2018 City Zip Code State Transaction ID: SA11AI.45421 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 640.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malko, Elizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2018 City Zip Code State Transaction ID: SA11AI.45422 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 680.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Elizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2018 City State Zip Code Transaction ID: SA11AI.45423 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Malko, Elizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 14 2018 City Zip Code State Transaction ID: SA11AI.45424 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 760.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2018 City Zip Code State Transaction ID: SA11AI.45425 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 07 2018 City State Zip Code Transaction ID: SA11AI.45426 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 03 2018 City Zip Code State Transaction ID: SA11AI.45427 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2018 City Zip Code State Transaction ID: SA11AI.45428 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2018 City State Zip Code Transaction ID: SA11AI.45429 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 14 2018 City Zip Code State Transaction ID: SA11AI.45430 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page

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	Statements may not be sold or used by any persone name and address of any political committee to						
NAME OF COMMITTEE (In Full)	5.0						
MVP Health Care Inc. Federal	PAC						
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name						
Martin, Augusta, , , Mailing Address 113 Kaydeross Park Road		Date of Receipt					
Mailing Address 113 Kaydeross Park Road		09 28 2018					
City	State Zip Code	Transaction ID : SA11AI.45431					
Saratoga Springs	NY 12866	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	· ·						
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
MVP Health Care	VP	-					
Receipt For: 2018 Primary	Aggregate Year-to-Date ▼						
Other (specify) ▼	600.00						
Full Name of Individual (Last, First, Middle II	nitial) or Full Organization Name						
Metheny, Laurie, , ,		Date of Receipt					
Mailing Address 21 Joellen Drive		07 06 2018					
City	State Zip Code	Transaction ID : SA11AI.45446					
Rochester							
FEC ID number of contributing	· (.						
federal political committee.		50.00					
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Chief Risk Officer, VP	Memo Item					
Receipt For: 2018	Aggregate Year-to-Date ▼	1					
Primary General	700.00						
Other (specify) ▼	700.00						
Full Name of Individual (Last, First, Middle In Metheny, Laurie, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 21 Joellen Drive		M = M / D = D / Y = Y = Y					
	State 7in Code	07 20 2018					
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.45447 Amount of Each Receipt this Period					
FEC ID number of contributing							
federal political committee.	C	50.00					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item					
MVP Health Care Receipt For: 2018	Chief Risk Officer, VP	-					
Primary X General	Aggregate Year-to-Date ▼						
Other (specify)	750.00						
SUBTOTAL of Receipts This Page (optional)		130.00					
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2018 City Zip Code State Transaction ID: SA11AI.45448 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2018 City State Zip Code Transaction ID: SA11AI.45449 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 31 2018 City Zip Code State Transaction ID: SA11AI.45450 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 900.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2018 City Zip Code State Transaction ID: SA11AI.45451 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 950.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 09 2018 City State Zip Code Transaction ID: SA11AI.45452 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 06 2018 City Zip Code State Transaction ID: SA11AI.45460 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 420.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2018 City Zip Code State Transaction ID: SA11AI.45461 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2018 City State Zip Code Transaction ID: SA11AI.45462 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 17 2018 City Zip Code State Transaction ID: SA11AI.45463 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2018 City Zip Code State Transaction ID: SA11AI.45464 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 09 2018 City State Zip Code Transaction ID: SA11AI.45465 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 28 2018 City Zip Code State Transaction ID: SA11AI.45466 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2018 City Zip Code State Transaction ID: SA11AI.45467 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 07 2018 City State Zip Code Transaction ID: SA11AI.45468 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 03 2018 City Zip Code State Transaction ID: SA11AI.45469 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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MVP Health Care

Receipt For: 2018

Primary

✗ General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2018 City Zip Code State Transaction ID: SA11AI.45473 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 07 2018 City State Zip Code Transaction ID: SA11AI.45495 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 20 2018 City Zip Code State Transaction ID: SA11AI.45496 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual)

Other (specify)	300.00								
SUBTOTAL of Receipts This Page (optional)		 Ξ	Ξ	,	_	60.	00		
TOTAL This Period (last page this line number	only)	_		_	7	_			

300.00

VP, Chief Security Officer

Aggregate Year-to-Date ▼

Use separate schedule(s)

FOR LINE NUMBER:					PAGE	 16	OF	54		
(check only one)										
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			13		14		15	16		17

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 03 2018 City Zip Code State Transaction ID: SA11AI.45497 Willington CT 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Chief Security Officer MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 80 17 2018 City State Zip Code Transaction ID: SA11AI.45498 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 31 2018 City Zip Code State Transaction ID: SA11AI.45499 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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lse separate schedule(s)		(check only one)									
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a							
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC									
Full Name of Individual (Last, First, Middle I Poole III, James, , , Mailing Address 96 Spar Road	Date of Receipt									
City	State CT	Zip Code 06279	09 14 2018 Transaction ID : SA11AI.45500							
FEC ID number of contributing federal political committee.	С	06279	Amount of Each Receipt this Period 20.00							
Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify) ▼	VP,	upation (for Individual) Chief Security Officer Year-to-Date ▼ 380.00	Memo Item							
Full Name of Individual (Last, First, Middle I Poole III, James, , , Mailing Address 96 Spar Road City Willington FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	State CT C	Zip Code 06279 supation (for Individual) , Chief Security Officer Year-to-Date ▼ 400.00	Date of Receipt M M M							
Full Name of Individual (Last, First, Middle I Santiago, Mark, , ,	nitial) or Full C	Organization Name	Date of Receipt							
City Hopewell Junction FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	VP	Zip Code 12533 upation (for Individual) Year-to-Date ▼	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	r only)									

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2018 City Zip Code State Transaction ID: SA11AI.45530 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2018 City State Zip Code Transaction ID: SA11AI.45531 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 17 2018 Zip Code State Transaction ID: SA11AI.45532 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 49 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2018 City Zip Code State Transaction ID: SA11AI.45533 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 09 2018 City State Zip Code Transaction ID: SA11AI.45534 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 28 2018 City Zip Code State Transaction ID: SA11AI.45535 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 50 O					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	one)				
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 26 🔲 27				
	, ,	28a	28b 28c 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC							
Full Name (Last, First, Middle Initial)							
A. BRIAN HIGGINS FOR CONGRES	S		Date of Disbursement				
Mailing Address P.O. BOX 28			09 19 2018				
,	State Zip Code		FEC Identification Number				
BUFFALO	NY 14220						
Purpose of Disbursement		011	C C00401034				
Candidate Name			Transaction ID : SB23.45121				
BRIAN HIGGINS FOR CONGRES	S	Category/ Type	Amount of Each Disbursement this Period				
	ment For: 2018	.,,,,,	1500.00				
Senate	Primary x General		4 4				
State: NY District: 26	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. ELISE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 338		08 03 2018					
City	State Zip Code		FEC Identification Number				
WILLSBORO	NY 12996						
Purpose of Disbursement		011	C C00547893				
Candidate Name			Transaction ID : SB23.45112				
ELISE FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period				
	nent For: 2018	Турс	2000.00				
	Primary General		4 4				
President	Other (specify)		Memo Item				
State: NY District: 21			Wellie Relli				
Full Name (Last, First, Middle Initial)			D				
C. ELISE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 338			09 19 2018				
City	State Zip Code		EEO Martification No. 1				
WILLSBORO	NY 12996		FEC Identification Number				
Purpose of Disbursement			C C00547893				
	011	Transaction ID : SB23.45114					
Candidate Name		Category/	Amount of Each Disbursement this Period				
ELISE FOR CONGRESS Office Sought: W House Disburser	ment For: 2018	Туре	1000.00				
Office Sought: March House Disburser	Primary		7				
President	Other (specify) ▼		Maria Nam				
State: NY District: 21	,, ,		Memo Item				
SUBTOTAL of Disbursements This Page (optional)			4500.00				
			7 7 7				
TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)	Lies consusts coloreduis(s)	FOR LINE NUMBER: PAGE				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only				
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem	nents may not be sold or us					
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC						
Full Name (Last, First, Middle Initial) A. FASO FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 98			09 19 / 2018			
City SOUTH SALEM	State Zip Code NY 10590		FEC Identification Number			
Purpose of Disbursement		011	C C00580415 Transaction ID : SB23.45116			
Candidate Name FASO FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period			
Senate	ment For: 2018 Primary		1000.00			
State: NY District: 19	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B. JOE MORELLE FOR CONGRESS	3		Date of Disbursement			
Mailing Address P.O. BOX 90914			09 19 2018			
City ROCHESTER	State Zip Code NY 14609		FEC Identification Number			
Purpose of Disbursement		011	C C00675108			
Candidate Name JOE MORELLE FOR CONGRESS	}	Category/ Type	Transaction ID: SB23.45117 Amount of Each Disbursement this Period			
	ment For: 2018 Primary 🗶 General	.,	1000.00			
State: NY District: 25	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) C. KATKO FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 133			08 03 7 2018			
City CAMILLUS Purpose of Disbursement	State Zip Code NY 13031		FEC Identification Number			
Candidate Name KATKO FOR CONGRESS		O11 Category/ Type	Transaction ID: SB23.45110 Amount of Each Disbursement this Period			
Senate President	ment For: 2018 Primary		1000.00 Memo Item			
State: NY District: 24						
SUBTOTAL of Disbursements This Page (optional)		······	3000.00			
TOTAL This Period (last page this line number only))					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 55						
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)					
	Detailed Summary Page	21b	22 🗶 23 26 27					
		28a	28b 28c 29 30b					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
MVP Health Care Inc. Federal PAC	;							
Full Name (Last, First, Middle Initial)								
A. KATKO FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 133			09 19 2018					
City	State Zip Code		FEC Identification Number					
o,2200	NY 13031		Le identification Number					
Purpose of Disbursement		044	C C00556365					
Candidate Name		011	Transaction ID : SB23.45111					
KATKO FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period					
	nent For: 2018	Турс	1500.00					
	Primary X General		7 7					
President State: NY District: 24	Other (specify) ▼		Memo Item					
Full Name (Last, First, Middle Initial)								
B. PAUL TONKO FOR CONGRESS			Date of Disbursement					
Mailing Address 911 CENTRAL AVENUE PO BOX 221		09 19 2018						
,	State Zip Code		FEC Identification Number					
ALBANY Purpose of Disbursement	NY 12206		0 200					
r dipose of bisbursement		011	C C00450049					
Candidate Name		Category/	Transaction ID: SB23.45113 Amount of Each Disbursement this Period					
PAUL TONKO FOR CONGRESS		Type	Amount of Each disbursement this Period					
Office Sought: House Disbursem	nent For: 2018		1000.00					
	Primary General							
	Other (specify)		Memo Item					
State: NY District: 20 Full Name (Last, First, Middle Initial)								
C. SEAN PATRICK MALONEY FOR (CONGRESS		Date of Disbursement					
SEMINITATION WINESINE I TORK	DONONLOG		M M / D D / Y Y Y					
Mailing Address PO BOX 270			09 19 2018					
,	State Zip Code		FEC Identification Number					
NEWBURGH Purpose of Disbursement	NY 12550		0 200510100					
r dipose of bisbursement	011	C C00512426						
Candidate Name	Category/	Transaction ID : SB23.45115 Amount of Each Disbursement this Period						
SEAN PATRICK MALONEY FOR (CONGRESS	Type						
	nent For: 2018		2500.00					
	Primary General							
	Other (specify) ▼		Memo Item					
State: NY District: 18								
SUBTOTAL of Disbursements This Page (optional)		······	5000.00					
TOTAL This Period (last page this line number only).								

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 5					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check on					
		Summary Page	215		23 28c	26 27 29 30b		
[
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
MVP Health Care Inc. Federal PAC								
Full Name (Last, First, Middle Initial)								
A. TOM REED FOR CONGRESS			M = N					
Mailing Address PO BOX 10847		I		09	19	2018		
City ROCHESTER	State NY	Zip Code 14610		FEC Id	dentification	Number		
Purpose of Disbursement	.,,	14010		С	C0046403	2		
·			011		100			
Candidate Name			Category/	1		D : SB23.45122 Disbursement this Period		
TOM REED FOR CONGRESS			Type					
Office Sought: K House Disburser Senate	ment For: 2 Primary	2018 x General			1-7-1	2000.00		
State: NY District: 29	Other (spec	cify) 🔻		M	emo Item			
Full Name (Last, First, Middle Initial)								
В.		Date o	of Disburser					
Mailing Address					J L.			
City	State	Zip Code		FEC Id	dentification	Number		
Purpose of Disbursement				С				
Candidate Name			Category/ Type	Amour	nt of Each [Disbursement this Period		
Office Sought: House Disburser	ment For:		1,700	1 .				
Senate	Primary	General			7	4 4		
President State: District:	Other (spec	cify)		M	emo Item			
Full Name (Last, First, Middle Initial)								
C.				Date of	of Disburser	nent		
Mailing Address				M = N	/ D I	/		
City	State	Zip Code		FEC Id	dentification	Number		
Purpose of Disbursement	С							
Candidate Name	Category/ Type	Amour	nt of Each [Disbursement this Period				
Office Sought: House Disburser	+							
Senate	General			7	7			
Senate Primary General President Other (specify) ▼					emo Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)					1.45.1	2000.00		
						44500.00		
TOTAL This Period (last page this line number only))					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)

9 **X** 10

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC							
A. Full Name (Last, First, Middle Initial) of Debto Deluxe Business Checks	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks						
Mailing Address P.O. Box 742572	Mailing Address P.O. Box 742572						
City Cincinnati	State OH	Zip Code 45274					
Outstanding Balance Beginning This Period	Outstanding Balance Beginning This Period						
145.00							
Amount Incurred This Period 0.00	Pay	ment This Period 0.00	Outstanding Balance at Close of This Period 145.00				
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	,	Nature of Debt (Purpose):				
Media Well Done			Advertising				
Mailing Address 96 Jay Street							
City Schenectady	State NY	Zip Code 12305					
Outstanding Balance Beginning This Period 338.00							
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period				
0.00		0.00	338.00				
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of Debt (Purpose):				
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period							
Amount Incurred This Period	Pay	ment This Period	Outstanding Balance at Close of This Period				
1) SUBTOTALS This Period This Page (optional)		>	483.00				
2) TOTALS This Period (last page this line number	only)	>	483,00				
3) TOTAL OUTSTANDING LOANS from Schedule	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						
4) ADD 2) and 3) and carry forward to appropriate	483.00						