Image# 20180705911522232	Image#	20180	)70591 <sup>-</sup>	15222327
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**FEC** 

FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
MVP Health Care Inc. Fee	deral PAC				
ADDRESS (number and street)	25 State Street				
Check if different than previously reported. (ACC)	Schenectady			NY	12305 
2. FEC IDENTIFICATION NUMB		∕▲	S		ZIP CODE
C C00431429	3. IS RE		IEW N) <b>OR</b>	× AME (A)	NDED
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> <li><b>X</b> April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> <li>Termination Report (TER)</li> </ul>	Report Due On: Mar 2	20 (M3)	12C)	Aug 20 Sep 20 Oct 20 General (1) Special (12 Runoff (30)	0 (M9)       Dec 20 (M12) (Non-Election Year Only)         0 (M10)       Jan 31 (YE)         2G)       Runoff (12R)         2S)       in the State of
5. Covering Period 01	/ D D / Y Y Y Y 01 2018		M M 03	/ D D / 31_	2018
I certify that I have examined this R Type or Print Name of Treasurer Signature of Treasurer	Estey, Jordan, T, ,	ny knowledge and b		e, correct and a ate	/ D D / Y Y Y Y 05 / 2018
NOTE: Submission of false, erroneous Office Use Only	s, or incomplete information	may subject the pers	son signing thi	s Report to the	penalties of 52 U.S.C. § 30109 <b>FEC FORM 3X</b> Rev. 05/2016

PAGE 1 / 19

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
١	Write or Type Committee Name		
	MVP Health Care Inc. Federal PA	γC	
F	Report Covering the Period: From:	01 01 / YTYTY 01 01 701 701 70	b: 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Column A         Column A           (a)         Cash on Hand at Beginning of Reporting Period.         Column A         Column A         Column A         Column A         63943.34		
6.			63943.34
		63943.34	
	(c) Total Receipts (from Line 19)	7431.00	7431.00
	6(c) for Column A and Lines	71374.34	71374.34
7.	Total Disbursements (from Line 31)	6500.00	6500.00
8.	Reporting Period	64874.34	64874.34
9.	the Committee (Itemize all on	0.00	
10	the Committee (Itemize all on	483.00	

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

#### For further information contact:

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

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

# DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# MVP Health Care Inc. Federal PAC

Report Covering the Period: From:	0040	To: 03 / 01 / 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1640.00	1640.00
(ii) Unitemized	5791.00	5791.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	7431.00	7431.00
	0.00	0.00
(b) Political Party Committees	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	7431.00	7431.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loope Descined	0.00	0.00
3. All Loans Received	-495495495.	
1 Lean Denoumente Dessived	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
<ol> <li>Transfers from Non-Federal and Levin Funds         <ul> <li>(a) Non-Federal Account</li> </ul> </li> </ol>		
(a) Non-rederar Account (from Schedule H3)	0.00	0.00
(		
(b) Levin Funds (from Schedule H5)	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ol> <li>9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	7431.00	7431.00
_, .e,, .e,, and re(e)/		
0. Total Federal Receipts		
(aubtract Line 19(a) from Line 10)	7431.00	7/31.00

(subtract Line 18(c) from Line 19)......

7431.00

Page 3

7431.00

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures ..... (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 6500.00 and Other Political Committees... 6500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ...... 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds ..... 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) ..... 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 6500.00 6500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 6500.00 6500.00

I

## **DETAILED SUMMARY PAGE**

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	7431.00	7431.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7431.00	7431.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Us for De

se separate schedule(s) each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

or for		name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	IVP Health Care Inc. Federal Pullin Name of Individual (Last, First, Middle Initia	AC						
<b>A</b> A	ailing Address 25 Carriage House Lane	al) or Full Oi	rganization Name	Date of Receipt				
Cit		State	Zip Code	02 16 2018 Transaction ID : SA11AI.44187				
S	aratoga Springs	NY	12866	Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	С		60.00				
M	ame of Employer (for Individual) VP Health Care		upation (for Individual) , Chief Financial Officer	Memo Item				
_	eceipt For: 2018 X Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00					
	II Name of Individual (Last, First, Middle Initia Justen, Karla, , ,	al) or Full Oi	rganization Name	Date of Receipt				
	ailing Address 25 Carriage House Lane	03 / D D / Y Y Y Y 02 2018						
Cit	ty aratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.44188				
FE	EC ID number of contributing deral political committee.	С		Amount of Each Receipt this Period				
M١	ame of Employer (for Individual) /P Health Care		upation (for Individual) 9, Chief Financial Officer	Memo Item				
	eceipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00					
<b>C</b> A	II Name of Individual (Last, First, Middle Initia Austen, Karla, , ,	Date of Receipt						
	ailing Address 25 Carriage House Lane	Ototo	Zin Oode	03 / D D / Y Y Y Y 16 2018				
Cit Si	ty aratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.44189         Amount of Each Receipt this Period				
	EC ID number of contributing deral political committee.	С		60.00				
M	ame of Employer (for Individual) VP Health Care		upation (for Individual) , Chief Financial Officer	Memo Item				
	ecceipt For:       2018         Y       Primary       General         Other (specify)       Other (specify)	Aggregate	Year-to-Date ▼ 360.00					

SUBTOTAL of Receipts This Page (optional)			9		7	_	18	0.00	
	-		 			1.1	1.1	1.1	
TOTAL This Period (last page this line number only)	L		 -	 	-			-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 7 OF

19

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
			e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC				
Full Name of Individual (Last, First, Midd         A.         Austen, Karla, , ,         Mailing Address       25 Carriage House Lane	le Initial) or Full O	rganization Name	Date of Receipt		
City Saratoga Springs	State NY	Zip Code 12866	03 30 2018 Transaction ID : SA11AI.44190		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 60.00		
Name of Employer (for Individual) MVP Health Care Receipt For: 2018 X Primary General	EVF	upation (for Individual) P, Chief Financial Officer Year-to-Date ▼	Memo Item		
Other (specify)		420.00			
B. Cameron, Carl, , , Mailing Address 70 Barclay Square Drive	Date of Receipt				
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.44211 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С				
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item		
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	]		
Full Name of Individual (Last, First, Midd C. Clancy, Catherine, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name				
Mailing Address 19 Julia Court			03 16 2018		
City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.44217 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	Occi EVP	upation (for Individual)	Memo Item		
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	]		
SUBTOTAL of Receipts This Page (optional	al)		130.00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 8 OF

				Detailed Summary Page	×	11a		-	11b	11c		12	<b>1</b> -7			
	y information copied from such Reports and S for commercial purposes, other than using the					for th		Jrpo	ose of							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F															
Α.	Full Name of Individual (Last, First, Middle Init Clancy, Catherine, , , Mailing Address 19 Julia Court	tial) or Full C	Drga	nization Name		Date		Rece	Ŷ							
	City	State		Zip Code		03 <b>Tra</b> r	- 1	tio	30 n ID :	SA11A	-	2018 2 <b>18</b>				
	Mahopac FEC ID number of contributing federal political committee.	C		10541		Amou	nt o	of Ea	ach R	eceipt	.his F	Period 40.0	0			
	Name of Employer (for Individual) MVP Health Care	Occ	•	tion (for Individual)	Memo Item											
	Receipt For: 2018	Aggregate	Yea	ar-to-Date ▼ 280.00	]											
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Mailing Address 106 Birch Street						Date of Receipt									
	City	03 16 2018 Transaction ID : SA11AL44245														
	Liverpool	NY	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С						-			-	40.0	0			
	Name of Employer (for Individual) MVP Health Care	Occ VP			Merr	no l	ltem									
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 240.00	1											
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , ,						of F	Rece	eipt							
	Mailing Address 106 Birch Street			1	03 / D D / Y Y Y Y 03 30 2018											
	City Liverpool	State NY		Zip Code 13088	-					SA11A						
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period													
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018	Memo Item														
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 280.00	1											
s	UBTOTAL of Receipts This Page (optional)							,		.,		120.0	0			
Т	OTAL This Period (last page this line number	only)			•			,		1 -9-		1 40				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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19

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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC													
А.	Full Name of Individual (Last, First, Middle In Del Vecchio, Christopher, , ,	itial) or Full O	rganization Name	)		Date of	f Rec	eipt							
	Mailing Address 2854 W. Old State Road					02	1	D D 16	/ Y	2018		1			
	City Schenectady	State NY	Zip Code 12303		Transaction ID : SA11AI.44250 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				<u> </u>	-		- 45-	e	60.00				
	Name of Employer (for Individual) MVP Health Care		upation (for Indivied of Operating Office			M	emo	ltem							
	Receipt For: 2018	Aggregate	Year-to-Date ▼	240.00											
в.	Full Name of Individual (Last, First, Middle In Del Vecchio, Christopher, , ,	itial) or Full O	rganization Name	;		Date of	f Rec	eipt							
	Mailing Address 2854 W. Old State Road				03	/	D D D 02	/ Y	2018						
	City Schenectady	State NY	Zip Code 12303		_				SA11AL		od				
	FEC ID number of contributing federal political committee.	C					60.00								
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Chief Operating Officer					Memo Item								
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼												
с.	Full Name of Individual (Last, First, Middle In Del Vecchio, Christopher, , ,	itial) or Full O	rganization Name	)		Date of	f Rec	eipt							
	Mailing Address 2854 W. Old State Road					03		D D 16	L	2018		]			
	City Schenectady	State NY	Zip Code 12303						SA11AI. eceipt th		od				
	FEC ID number of contributing federal political committee.	С				<u> </u>	. ,		, y	e	60.00				
	Name of Employer (for Individual) MVP Health Care		upation (for Indivi- of Operating Office	,		М	emo	ltem							
	Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼	360.00											
s	UBTOTAL of Receipts This Page (optional)				► -					18	30.00	_			

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(che	R LINE eck onl		ne)	R:	PAG	iE	10 (	)F	19								
			Detailed Summary Page	×	11a 13	-	11b 14	_	11c	-	12	Г	17								
	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose d		oliciting		ontribu		_								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I																				
Α.	Full Name of Individual (Last, First, Middle In Del Vecchio, Christopher, , ,	itial) or Full O	organization Name		Date o	f Re	ceipt														
	Mailing Address 2854 W. Old State Road				м м 03	/	D 3		/ Y		y y 2018	Y									
	City Schenectady	State NY	Zip Code 12303						A11AI												
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each	Rec	ceipt tr	nis		a 0.00									
	Name of Employer (for Individual) MVP Health Care	Care Chief Operating Officer								Memo Item											
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00																		
В.	Full Name of Individual (Last, First, Middle In Estey, Jordan, T, ,	itial) or Full O	organization Name		Date o	f Re	ceipt														
	Full Name of Individual (Last, First, Middle In B. Estey, Jordan, T, , Mailing Address 37 Campus Club Drive City				03 / D D / Y Y Y Y Y 16 2018																
	City Guilderland	State NY	Zip Code 12084						A11AI.												
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Each	Red	ceipt tr	าเร		a 0.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager		М	emo	ltem														
	Receipt For: 2018	Aggregate	Year-to-Date ▼																		
	★   Primary   General     Other (specify)   ▼		, 240.00																		
C.	Full Name of Individual (Last, First, Middle In Estey, Jordan, T, ,	itial) or Full O	organization Name		Date o	f Re	ceipt														
	Mailing Address 37 Campus Club Drive				03	1	D 3	0	/ Y		2018	Y									
	City Guilderland	State NY	Zip Code 12084		Trans Amoun				A11AI												
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		y		40	.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ager		М	emc	ltem														
	Receipt For: 2018	Aggregate	Year-to-Date V																		
	Other (specify)	L	280.00																		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12								
		Detailed Summary Page		13	$\square$	14	15	16	17							
Any information copied from such Reports and or for commercial purposes, other than using th																
NAME OF COMMITTEE (In Full)																
MVP Health Care Inc. Federal	PAC															
Full Name of Individual (Last, First, Middle II Flor, Ian, , ,	nitial) or Full Org	ganization Name	D	ate of	Re	ceipt										
Mailing Address 144 Watch Hill Road				03	/	30		y y 2018	Y							
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	44309								
Cortlandt Manor	NY	10567	Ai	mount	of	Each F	Receipt th	is Period	ł							
FEC ID number of contributing federal political committee.	С		30.00													
Name of Employer (for Individual) MVP Health Care	Occup VP	pation (for Individual)	Memo Item													
Receipt For: 2018																
✗ Primary General	55 - 5	'ear-to-Date ▼	-													
Other (specify) <b>v</b>		210.00	4													
Full Name of Individual (Last, First, Middle In B. Glavey, Patrick, , ,	D	ate of	Re	ceipt												
Mailing Address 3 Park Forest Drive	Mailing Address 3 Park Forest Drive							2018	Y							
City	State	Zip Code		Transaction ID : SA11AI.44329												
Pittsford	NY	12180	Amount of Each Receipt this Period													
FEC ID number of contributing federal political committee.	ů – Li – L							40.00								
Name of Employer (for Individual) MVP Health Care	Occup EVP	pation (for Individual)		Memo Item												
Receipt For: 2018	Aggregate Y	'ear-to-Date ▼														
★   Primary   General     Other (specify)   ▼		240.00	1													
Full Name of Individual (Last, First, Middle II C. Glavey, Patrick, , ,	nitial) or Full Org	ganization Name	D	ate of	Re	ceipt										
Mailing Address 3 Park Forest Drive				03	/	D 30		2018	Y							
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	44330								
Pittsford	NY	12180	A	mount	of	Each F	Receipt th	is Period	ł							
FEC ID number of contributing federal political committee.	С			_		9	. ,		.00							
Name of Employer (for Individual)	Occur	pation (for Individual)	-	Me	emo	Item										
MVP Health Care	EVP															
Receipt For: 2018	Aggregate Y	'ear-to-Date ▼														
× Primary General		280.00														
Other (specify)																
SUBTOTAL of Receipts This Page (optional)						9		110	.00							
TOTAL This Period (last page this line number	r only)		Ī				,									

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 12 OF 19 (check only one)												
		Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17												
or for commercial purposes, other than using			erson for the purpose of soliciting contributions												
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC														
Full Name of Individual (Last, First, Middle Gonick, Denise, , ,	Initial) or Full C	organization Name	Date of Receipt												
Mailing Address 332 Torquay Blvd.			02 / D D / Y Y Y Y 02 02 2018												
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44333 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С														
Name of Employer (for Individual) MVP Health Care		upation (for Individual) D/President	Memo Item												
Receipt For: 2018	Aggregate	Year-to-Date ▼ 240.00	]												
Full Name of Individual (Last, First, Middle B. Gonick, Denise, , ,															
Mailing Address 332 Torquay Blvd.			02 16 / Y Y Y Y 2018												
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44334 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		80.00												
Name of Employer (for Individual) MVP Health Care		upation (for Individual) O/President	Memo Item												
Receipt For: 2018	Aggregate	Year-to-Date ▼ 320.00	]												
Full Name of Individual (Last, First, Middle C. Gonick, Denise, , ,	Initial) or Full C	organization Name	Date of Receipt												
Mailing Address 332 Torquay Blvd.		1	03 02 2018												
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44335 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		80.00												
Name of Employer (for Individual) MVP Health Care		upation (for Individual) D/President	Memo Item												
Receipt For: 2018		Vear-to-Date V													

Aggregate Year-to-Date ▼

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

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

400.00

100

× Primary

Other (specify)

General

240.00

1.000

Im	age# 201807059115222339				
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER:         PAGE         13         OF         19           (check only one)
	ny information copied from such Reports and s				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC			
A.	Full Name of Individual (Last, First, Middle In Gonick, Denise, , ,	itial) or Full C	Organi	zation Name	Date of Receipt
	Mailing Address 332 Torquay Blvd.				03 16 2018
	City	State NY		Zip Code	Transaction ID : SA11AI.44336
	Albany			12203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			80.00
	Name of Employer (for Individual)		·	on (for Individual)	Memo Item
	MVP Health Care Receipt For: 2018	-		sident	
	Primary General Other (specify) ▼	Aggregate	e Year	-to-Date ▼ 480.00	
B.	Full Name of Individual (Last, First, Middle In Gonick, Denise, , ,	itial) or Full C	Organi	zation Name	Date of Receipt
	Mailing Address 332 Torquay Blvd.				03 30 / Y Y Y Y Y 2018
	City	State NY		Zip Code 12203	Transaction ID : SA11AI.44337
	Albany FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 80.00
	Name of Employer (for Individual) MVP Health Care		•	on (for Individual) esident	Memo Item
	Receipt For: 2018	Aggregate	Year	-to-Date 🔻	
	★   Primary   General     Other (specify) ▼		<b>,</b>	, 560.00	
с.	Full Name of Individual (Last, First, Middle In Hogan, Rosemarie, , ,	itial) or Full C	Organi	zation Name	Date of Receipt
	Mailing Address 45 Crestwood Drive				03 / D D / Y Y Y Y 03 / 30 / 2018
	City Schenectady	State NY		Zip Code 12866	Transaction ID : SA11AI.44379
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupatio	on (for Individual)	Memo Item
	Receipt For: 2018           x         Primary         General           Other (specify)         Other	Aggregate	Year	-to-Date ▼ 210.00	

						190	00	
SUBTOTAL of Receipts This Page (optional)	_	-	y		y	190		<u> </u>
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	for each categ Detailed Sumn													
Any information copied from such Reports or for commercial purposes, other than us		used by any person for t	the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC													
Full Name of Individual (Last, First, Mic A. Husted, Kevin, , ,	dle Initial) or Full Organization Name	Date	e of Receipt											
Mailing Address 38 Fox Hill Drive		C	D3 / D D / Y Y Y Y 30 / 2018											
City Fairport	StateZip CodeNY14450	ansaction ID : SA11AI.44393												
FEC ID number of contributing federal political committee.	C		30.00											
Name of Employer (for Individual) MVP Health Care	Occupation (for Individ	ual)	Memo Item											
Receipt For: 2018	Aggregate Year-to-Date ▼	210.00												
Full Name of Individual (Last, First, Mic B. Levin, Julie A., , ,	Date	e of Receipt												
Mailing Address 3900 Greystone Avenu #61-A			03 / D D / Y Y Y Y 30 / 2018											
City Riverdale	StateZip CodeNY10463		Transaction ID : SA11AI.44426 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 Individ VP	ual)	Memo Item											
Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	210.00												
Full Name of Individual (Last, First, Mic C. Malko, Elizabeth, , ,	dle Initial) or Full Organization Name	Date	e of Receipt											
Mailing Address 36 Quarry Road			03 / D D / Y Y Y Y Y 16 2018											
City Chester	StateZip CodeVT05143		ransaction ID : SA11AI.44454 ount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		40.00											
Name of Employer (for Individual) MVP Health Care	Occupation (for Individ EVP	ual)	Memo Item											
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼	240.00												
SUBTOTAL of Receipts This Page (option	nal)		100.00											

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

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		-	11a 13		] 1 <sup>.</sup>	1b 4		11c 15	12	г	17			
	y information copied from such Reports and St for commercial purposes, other than using the					fo	r the		po	se of		oliciting	g contri	butio	ns			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC																
A.	Full Name of Individual (Last, First, Middle Initi Malko, Elizabeth, , ,	al) or Full C	Drgar	nization Name		Date of Receipt												
	Mailing Address 36 Quarry Road					Γ	м м 03	/	ľ	D 30	D )	/ Y	۲ 2018		1			
	City Chester	State VT		Zip Code 05143								A11AI. ceipt th	<b>44455</b> iis Peri	od				
	FEC ID number of contributing federal political committee.	С	_			[			,		_	-	4	40.00	,			
	Name of Employer (for Individual) MVP Health Care	Occ EVF		ion (for Individual)		l	Μ	lemo	o It	em								
	Receipt For:       2018         ✔       Primary       General         Other (specify) ▼       Image: Contract of the specify of the specific of the specifi	Aggregate	Yea	r-to-Date ▼ 280.00														
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , ,							f Re	ece	eipt								
	Mailing Address 113 Kaydeross Park Road								03 30 / Y Y Y Y Y 2018									
	City Saratoga Springs	State NY		Zip Code 12866								A11AI.	<b>44462</b> iis Peri	od	_			
	FEC ID number of contributing federal political committee.	С	_			Ę			7		_	-7-	3	30.00	)			
	Name of Employer (for Individual) MVP Health Care	Occ VP		tion (for Individual)			Μ	lemo	o It	em								
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	x   Primary   General																
C.	Full Name of Individual (Last, First, Middle Initi Metheny, Laurie, , ,	al) or Full C	Drgar	nization Name		D	ate o	f Re	ece	eipt								
	Mailing Address 21 Joellen Drive					Γ	03	/	I	D 02		/ Y	2018		1			
	City Rochester	State NY		Zip Code 14626								A11AI. ceipt th	<b>44481</b> iis Peri	od				
	FEC ID number of contributing federal political committee.	С	_			Ę			y	_	_	9	ę	50.00	)			
	Name of Employer (for Individual) MVP Health Care		•	ion (for Individual) sk Officer, VP	Memo Item													
	Receipt For: 2018 Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 250.00														
s	UBTOTAL of Receipts This Page (optional)			•	_		-		9	+	=	9	12	20.00	-			
Т	OTAL This Period (last page this line number o	only)		····· •		L			,		_			-				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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**X** 11a 11b 11c 12 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Α. Date of Receipt Mailing Address 21 Joellen Drive 1 03 16 2018 City Zip Code State Transaction ID : SA11AI.44482 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing С 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 300.00 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 03 2018 30 City Zip Code State Transaction ID : SA11AI.44483 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing С 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 x Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court MM 03 30 2018 City Zip Code State Transaction ID : SA11AI.44497 Williamstown MA 01267 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General X 210.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional).....

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 17 OF 19		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page				
				22 <b>X</b> 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na				son for the purpose of soliciting contributions		
	~					
MVP Health Care Inc. Federal PA	C					
Full Name (Last, First, Middle Initial) A. COLLINS FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 386						
City CLARENCE	State NY	Zip Code 14031		FEC Identification Number		
Purpose of Disbursement Political Contribution	1		011	C C00520379		
			Category/	Transaction ID : SB23.44176 Amount of Each Disbursement this Period		
COLLINS FOR CONGRESS Office Sought: x House Disburse	ement For:	2018	Туре	1000.00		
Senate <b>X</b> President	Primary Other (spe	General				
State: NY District: 27		(iii) V		Memo Item		
Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 338				02 / D D / Y Y Y Y 02 22 2018		
City WILLSBORO	State NY	Zip Code 12996		FEC Identification Number		
Purpose of Disbursement			011	C C00547893		
			Category/ Type	Transaction ID : SB23.44173 Amount of Each Disbursement this Period		
Office Sought: X House Disburse	ement For:		туре	1000.00		
Senate X President	_	Primary General Other (specify)		Memo Item		
State: NY District: 21						
C. KATKO FOR CONGRESS				Date of Disbursement		
Mailing Address PO BOX 133				02 22 2018		
City CAMILLUS	State NY	Zip Code 13031		FEC Identification Number		
Purpose of Disbursement Political Contribution for event on March 7, 2018 (\$1000 for Primary and \$1500 for General Election) Candidate Name			C C00556365 Transaction ID : SB23.44175 Amount of Each Disbursement this Period			
KATKO FOR CONGRESS	ement For:	2018	Туре	2500.00		
Senate President	Drimory	General				
State: NY District: 24		-, .		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			••••••	4500.00		
TOTAL This Period (last page this line number onl	y)		••••••			

SCHEDULE B (FEC Form 3X)		oroto ophendule/->	FOR LINE			
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)						
MVP Health Care Inc. Federal P	AC					
Full Name (Last, First, Middle Initial)  A. PAUL TONKO FOR CONGRESS			Date of Disbursement			
Mailing Address 911 CENTRAL AVENUE PO BOX 221	-1			02 22 2018		
City ALBANY	State NY	Zip Code 12206		FEC Identification Number		
Purpose of Disbursement Political Contribution		12200	011	C C00450049		
Candidate Name			Category/	Transaction ID : SB23.44172 Amount of Each Disbursement this Period		
PAUL TONKO FOR CONGRESS			Туре			
Office Sought:     X     House     Disbursement For: 2018       Senate     X     Primary     General       President     Other (specify)     V				1000.00		
State: NY District: 20		····;// •		Memo Item		
Full Name (Last, First, Middle Initial) B. TOM REED FOR CONGRESS			Date of Disbursement			
Mailing Address PO BOX 10847				02 / D D / Y Y Y Y 22 2018		
City ROCHESTER	State NY	Zip Code 14610		FEC Identification Number		
Purpose of Disbursement Political Contribution 011			C C00464032			
Candidate Name			Category/	Transaction ID : SB23.44174 Amount of Each Disbursement this Period		
TOM REED FOR CONGRESS           Office Sought:         x         House         Disbur	sement For:	2018	Туре	1000.00		
	<b>x</b> Primary	General				
State: NY District: 29	Other (spe	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement			· · · · ·	C		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbur	sement For: Primary	General		1 1 49× 1 1 49× 1 4× 1		
State: District:	Other (spe			Memo Item		
<sup>1</sup>						
SUBTOTAL of Disbursements This Page (optiona	I)		····· •	2000.00		
TOTAL This Period (last page this line number or	nly)		••••••	6500.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS			(Use separate schedule(s)	PAGE 19 OF 19 FOR LINE NUMBER:	
			for each numbered line)	(check only one) 9 × 10	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	:				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks			Nature of Debt (Purpose): Check Printing		
Mailing Address P.O. Box 742572					
City Cincinnati	State OH	Zip Code 45274			
Outstanding Balance Beginning This Period 145.00			Transacti	on ID : SD10.4163	
Amount Incurred This Period	Pay	ment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0		145.00	
B. Full Name (Last, First, Middle Initial) of Debto Media Well Done	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done			ebt (Purpose):	
Mailing Address 96 Jay Street					
City Schenectady	State NY	Zip Code 12305			
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10.4165	
338.00					
338.00 Amount Incurred This Period	Pa	vment This Period	Outstandi	ng Balance at Close of This Period	
	Pay	vment This Period		ng Balance at Close of This Period 338.00	
Amount Incurred This Period			0		
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb			0	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor	0.0	0	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb			0	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address	tor or Creditor	0.0	0	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City	tor or Creditor	0.0	0 Nature of D	338.00	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period	tor or Creditor State Pay	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	tor or Creditor	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose):	
Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Deb Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period Insubtration of the period Insubtration of the period of the perio	tor or Creditor          State         Pay         er only)	0.0 Zip Code	0 Nature of D	338.00 ebt (Purpose): ng Balance at Close of This Period 483.00	