Image# 2018	0705911	5222352
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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5		
MVP Health Care Inc. Fe	ederal PAC					
ADDRESS (number and street)	625 State Street					
Check if different than previously reported. (ACC)	Schenectady			NY	12305	
2. FEC IDENTIFICATION NUM		(▲	S		ZIP COD	E 🔺
C C00431429	3. IS RE		IEW N) OR	× AME (A)	ENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 	Report Due On: Mar :	20 (M3)	12C)	Sep 2	0 (M9) 0 (M10)	Nov 20 (M11) Non-Election Year Only) Dec 20 (M12) Non-Election Year Only) Jan 31 (YE) Runoff (12R) NY
5. Covering Period	/ D D / Y Y Y Y 01 2018	through		/ D D / 06	2018	
I certify that I have examined this Type or Print Name of Treasurer	Heport and to the best of Estey, Jordan, T, ,	my knowledge and b	Denet it is true	e, correct and	complete.	
Signature of Treasurer	ordan, T, ,	[Electronically		ate 07	/ 05 / Y	2018
NOTE: Submission of false, erroneou Office Use Only	is, or incomplete information	may subject the pers	son signing thi	s Report to the	FEC FORN Rev. 05/201	/ 3X

PAGE 1 / 31

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) OF RECEIPTS AND DISBURSEMENTS									
۷	Write or Type Committee Name								
I	MVP Health Care Inc. Federal PAC	,							
F	Report Covering the Period: From:		06 / Y Y Y Y 06 06 2018						
		COLUMN A This Period	COLUMN B Calendar Year-to-Date						
6.	(a) Cash on Hand January 1, 2018	[63943.34						
	(b) Cash on Hand at Beginning of Reporting Period	64874.34							
	(c) Total Receipts (from Line 19)	4262.00	11693.00						
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	69136.34	75636.34						
7.	Total Disbursements (from Line 31)	6500.00	13000.00						
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62636.34	62636.34						
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00							
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00							

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

	overing the Period: From: 04 01 2018 To						
I. Receipts	I. Receipts COLUMN A Total This Period						
1. Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees	2740.00	1000.00					
(i) Itemized (use Schedule A)	2740.00	4380.00					
(ii) Unitemized	1522.00	7313.00					
(iii) TOTAL (add							
Lines 11(a)(i) and (ii)	4262.00	11693.00					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees							
(such as PACs)	0.00	0.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry	4262.00	11693.00					
Totals to Line 33, page 5)▶	4262.00	11093.00					
. Transfers From Affiliated/Other	0.00	0.00					
Party Committees	0.00						
. All Loans Received	0.00	0.00					
	-47						
. Loan Repayments Received	0.00	0.00					
5. Offsets To Operating Expenditures							
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	0.00	0.00					
. Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
. Transfers from Non-Federal and Levin Funds							
(a) Non-Federal Account (from Schedule H3)	0.00	0.00					
	0.00	0.00					
(b) Louin Funda (from Ostadula US)	0.00	0.00					
(b) Levin Funds (from Schedule H5)							
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4050.00	11602.00					
12, 13, 14, 13, 10, 17, and 10(0)	4262.00	11693.00					
. Total Federal Receipts							

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ 4262.00

Page 3

11693.00

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 13000.00 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 13000.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 6500.00 13000.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

	-			-	4262.00	
-					0.00	٦
	-			-	0.00	1
					4262.00	٦
	-	-		-7	4202.00	
					0.00	٦
	7			-7	0.00	
					0.00	٦
	-7			-7		
					0.00	٦
-	_7_	1	-	_7_		4

		-7			-7-	11693.00
						0.00
		-7			- 1	0.00
						11693.00
		7			-	11093.00
						0.00
	-	-7		1	7	
- 12						0.00
		7			-7	0.00
			1			0.00

Page 5

COLUMN B Calendar Year-to-Date

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

31

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Austen, Karla, , , Mailing Address 25 Carriage House Lane	ial) or Full O	Organization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.44672
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	60.00		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	MVP Health Care	EVF	P, Chief Financial Officer	
	Receipt For: 2018	Aggregate	Year-to-Date ▼ 480.00]
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name	
В.	Austen, Karla, , ,	,	- g	Date of Receipt
	Mailing Address 25 Carriage House Lane			04 / Y Y Y Y 04 27 2018
	City	State	Zip Code	Transaction ID : SA11AI.44673
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) P, Chief Financial Officer	Memo Item
	Receipt For: 2018	Aggregate	Year-to-Date 🔻	
	★ Primary General Other (specify) ▼		540.00]
c.	Full Name of Individual (Last, First, Middle Init Austen, Karla, , ,	ial) or Full O	Organization Name	Date of Receipt
	Mailing Address 25 Carriage House Lane			05 / D D / Y Y Y Y 2018
	City	State	Zip Code	Transaction ID : SA11AI.44674
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	MVP Health Care	EVP		
	Receipt For: 2018			
	X Primary General Other (specify)		600.00]
s	UBTOTAL of Receipts This Page (optional)			180.00

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

)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 31 (check only one) I1a 11b 11c 12 13 14 15 16 17
the name and a		
		Date of Receipt
		Transaction ID : SA11AI.44675
C Occ EVF	upation (for Individual) P, Chief Financial Officer	Amount of Each Receipt this Period 60.00 Memo Item
State NY C Occ VP	Zip Code 14618	Date of Receipt
State NY C Occ VP	Zip Code 14618 upation (for Individual)	Date of Receipt
	the name and a	Use separate schedule(s) for each category of the Detailed Summary Page d Statements may not be sold or used by any p the name and address of any political committee al PAC Initial) or Full Organization Name State Zip Code 12866 C Occupation (for Individual) EVP, Chief Financial Officer Aggregate Year-to-Date ▼ 660.00 Initial) or Full Organization Name State Zip Code 14618 C 0ccupation (for Individual) EVP, Chief Financial Officer Aggregate Year-to-Date ▼ 660.00 Initial) or Full Organization Name 2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/

SUBTOTAL of Receipts This Page (optional)						9	1:	20.00)	
TOTAL This Period (last page this line number only)	Г	Ţ			1		1			1

7

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 31 (check only one)
or	y information copied from such Reports and Sta for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	name and a		
Α.	Full Name of Individual (Last, First, Middle Initia Cameron, Carl, , , Mailing Address 70 Barclay Square Drive	al) or Full O	rganization Name	Date of Receipt
	City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.44686 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018	Aggregate	upation (for Individual) Year-to-Date ▼ 300.00	Memo Item
В.	Full Name of Individual (Last, First, Middle Initia Cameron, Carl, , , Mailing Address 70 Barclay Square Drive		-	Date of Receipt
	City Rochester FEC ID number of contributing federal political committee.	State NY C	Zip Code 14618	Transaction ID : SA11AI.44687 Amount of Each Receipt this Period 30.00 Memo Item
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018 ✔ Primary General Other (specify) ▼	VP	upation (for Individual) Year-to-Date ▼ 330.00	
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 19 Julia Court City Mahopac	State NY	Zip Code 10541	Model 13 2018 Transaction ID : SA11AI.44688 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 Receipt For: 2018 Primary General Other (specify)	EVP	upation (for Individual) Year-to-Date ▼ 320.00	Memo Item

SUBTOTAL of Receipts This Page (optional)	L	1	,		9		100.	00	_
TOTAL This Period (last page this line number only)			-7-		7				

SCHEDULE A (FEC Form 3)	()		FOR LINE NUMBER: PAGE 9 OF
TEMIZED RECEIPTS	`	Use separate schedule(s) for each category of the Detailed Summary Page	
			by person for the purpose of soliciting contribution ittee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Middl Clancy, Catherine, , , Mailing Address 19 Julia Court	e Initial) or Full C	Organization Name	Date of Receipt
City Mahopac	State NY	Zip Code 10541	04 27 2018 Transaction ID : SA11AI.44689 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) MVP Health Care	Occ	upation (for Individual)	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼ 360.00	
Full Name of Individual (Last, First, Middl Clancy, Catherine, , , Mailing Address 19 Julia Court	e Initial) or Full C	Organization Name	Date of Receipt
City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.44690 Amount of Each Receipt this Period
EEC ID number of contributing			

federal political committee.	С		40.00
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) EVP	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggre	egate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle C. Clancy, Catherine, , ,	e Initial) or I	Full Organization Name	Date of Receipt

Mailing Address 19 Julia Court			05 29 2018
City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.44691 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	Occupa EVP	tion (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate Yes	ar-to-Date ▼ 440.00	
SUBTOTAL of Receipts This Page (optional)		▶	120.00
TOTAL This Period (last page this line number o	only)	••••••	

31

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

31

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Middle Deferio, Patricia, , , Mailing Address 106 Birch Street	e Initial) or Full O	rganization Name	Date of Receipt
City Liverpool	State NY	Zip Code 13088	04 13 2018 Transaction ID : SA11AI.44704 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	Occu VP	pation (for Individual)	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼ 320.00	
Full Name of Individual (Last, First, Middle B. Deferio, Patricia, , , Mailing Address 106 Birch Street	e Initial) or Full O	rganization Name	Date of Receipt
City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.44705 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	Occu VP	upation (for Individual)	Memo Item
Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 360.00	
Full Name of Individual (Last, First, Middle C. Deferio, Patricia, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 106 Birch Street			05 / D D / Y Y Y Y 05 11 2018
City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.44706 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 Receipt For: 2018	VP	ipation (for Individual)	Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional	l)		120.00

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

100

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 OF 31 (check only one) Image: Check o
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
A.	Full Name of Individual (Last, First, Middle Init Deferio, Patricia, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 106 Birch Street			05 / 29 / Y Y Y Y 05 29
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.44707 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 VP	upation (for Individual)	Memo Item
	Receipt For: 2018 ▼ Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00]
в.	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2854 W. Old State Road			04 / D D / Y Y Y Y Y 2018
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.44708 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Operating Officer	Memo Item
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]
c.	Full Name of Individual (Last, First, Middle Ini Del Vecchio, Christopher, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2854 W. Old State Road	State	Zip Code	04 / 27 / 2018 Transaction ID : SA11AI.44709
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (apositic)	Chie	upation (for Individual) of Operating Officer Year-to-Date ▼ 540.00	Memo Item
Г	Other (specify)	L		

I	SUBTOTAL of Receipts This Page (optional)	L	 						16	0.00	1
ł		Ē	-		-	-		-		-	Ŧ
I	TOTAL This Period (last page this line number only)	L	 	-			-			-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

31

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fec	leral PAC		
Full Name of Individual (Last, First, M A. Del Vecchio, Christopher, , , Mailing Address 205 (W, Old		rganization Name	Date of Receipt
Mailing Address 2854 W. Old State Ro			05 11 2018
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.44710 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) MVP Health Care Receipt For: 2018	Chi	upation (for Individual) of Operating Officer	Memo Item
Image: Second S	Aggregate	Year-to-Date ▼ 600.00]
B. Del Vecchio, Christopher, , , Mailing Address 2854 W. Old State Ro	· · · · · · · · · · · · · · · · · · ·	rganization Name	Date of Receipt
City	State	Zip Code	05 29 2018
Schenectady	NY	12303	Transaction ID : SA11AI.44711 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Operating Officer	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼ 660.00]
Full Name of Individual (Last, First, M C. Estey, Jordan, T, ,	iddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 37 Campus Club Driv	e		04 / D D / Y Y Y Y 04 13 2018
City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.44728 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		upation (for Individual) ager	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 320.00]
SUBTOTAL of Receipts This Page (opti	onal)		160.00

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

	age# 201007033113222304													
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER: PAGE 13 (check only one) 11a 11b 11c 12 13 14 15 16							
	ny information copied from such Reports and Sta for commercial purposes, other than using the r					for the		oose o	f sol	iciting c	ontributio			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC												
Α.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full (Orgar	nization Name		Date o	f Re	ceipt						
	Mailing Address 37 Campus Club Drive					м м 04	/	D 27			2018			
	City Guilderland	State NY		Zip Code 12084						11AI.44 Pipt this				
	FEC ID number of contributing federal political committee.	С									40.00)		
	Name of Employer (for Individual) MVP Health Care		cupat	tion (for Individual) er		М	emo	Item						
	Receipt For: 2018 Y Primary General Other (specify) ▼ Other	Aggregate	e Yea	r-to-Date ▼ 360.00]									
в.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full (Orgar	nization Name		Date o	f Re	ceipt						
	Mailing Address 37 Campus Club Drive					^M 05	1	D 11			2018			
	City Guilderland	State NY		Zip Code 12084					-	11AI.44 aipt this				
	FEC ID number of contributing federal political committee.	С				Amoun			nece		50.00)		
	Name of Employer (for Individual) MVP Health Care		cupat	tion (for Individual) er		М	emo	Item						
	Receipt For: 2018	Aggregate	e Yea	ur-to-Date ▼ 410.00]									
с.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full (Orgar	nization Name		Date o	f Re	ceipt						
	Mailing Address 37 Campus Club Drive			1		^M 05		D 29	Э		2018			
	City Guilderland	State NY		Zip Code 12084						11AI.44				
	FEC ID number of contributing federal political committee.	С						y .		9	50.00)		
	Name of Employer (for Individual) MVP Health Care		cupat nage	tion (for Individual) r		M	lemo	Item						
	Receipt For: 2018 Primary General Other (specify)	1		ar-to-Date ▼ 460.00]									

SUBTOTAL of Receipts This Page (optional)	Г					14	140.00							
	-		J											
TOTAL This Period (last page this line number only)	L		-	 	-		-							

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Use for e Deta

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

11b

(check only one)

X 11a

PAGE 14 OF

12

11c

31

						13		14	15		16	17						
	ny information copied from such Reports and Sta for commercial purposes, other than using the r																	
	NAME OF COMMITTEE (In Full)																	
	MVP Health Care Inc. Federal PA	٩C																
Α.	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , ,	al) or Full	Orga	nization Name		Date o	f Re	eceipt										
	Mailing Address 144 Watch Hill Road					M M	,	D			V	/						
						04	1	13		20	18							
	City	State		Zip Code		Transaction ID : SA11AI.44740												
	Cortlandt Manor							Amount of Each Receipt this Period										
				10307		Amoun	t of	Each	Receipt t	his Pe	s Period							
	FEC ID number of contributing federal political committee.	С			30.00													
	Name of Employer (for Individual)			tion (for Individual)		М	emo	b Item										
	MVP Health Care	V	P															
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_	Full Name of Individual (Last, First, Middle Initia) or Full	Orgo	nization Nama														
В.	Flor, lan, , ,	a) or Fuir	Orga	lization Name		Date o	f Re	eceipt										
	Mailing Address 144 Watch Hill Road						04 / D D / Y Y Y Y 2018											
	City	State		Zip Code		Trans	act	ion ID	: SA11AI	.4474	1							
	Cortlandt Manor	NY		10567					Receipt t									
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	federal political committee.	С		Ļ.	_	- 7			30.00)								
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP					emo	o Item										
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	Mailing Address 144 Watch Hill Road					05	7	D 1		201								
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , ,	al) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 144 Watch Hill Road			05 29 / Y Y Y Y 2018									
	City Cortlandt Manor	State NY	Zip Code 10567	Transaction ID : SA11AI.44743									
			10307	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item									
	Receipt For: 2018	Aggregate	e Year-to-Date ▼										
	✔ Primary General Other (specify) ▼		330.00]									
В.	Full Name of Individual (Last, First, Middle Initia Glavey, Patrick, , ,	al) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 3 Park Forest Drive	04 13 2018											
	City Pittsford	State Zip Code NY 12180											
	FEC ID number of contributing federal political committee.	С		40.00									
	Name of Employer (for Individual) MVP Health Care	Occ EV	cupation (for Individual) P	Memo Item									
	Receipt For: 2018	Aggregate	e Year-to-Date ▼	1									
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C.	Full Name of Individual (Last, First, Middle Initia Glavey, Patrick, , ,	al) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 3 Park Forest Drive	-		04 / D D / Y Y Y Y 2018									
	City Pittsford	State NY	Zip Code 12180	Transaction ID : SA11AI.44753									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 40.00									
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item									
	MVP Health Care Receipt For: 2018	EVF		—									
	Primary General Other (specify)	Aggregate	9 Year-to-Date ▼ 360.00										
s	UBTOTAL of Receipts This Page (optional)			110.00									

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SCHEDULE A	(FEC Form 3X)
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PAGE 16 OF

31

	EMIZED RECEIPTS		for each categ Detailed Sumr		✗ 11a 11b 11c 12 13 14 15 16 17											
	y information copied from such Reports and Si for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC														
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	City	State	Zip Code		05 11 2018 Transaction ID : SA11AI.44754											
	Pittsford	NY	12180		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			40.00											
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	Receipt For: 2018	Aggregate	Year-to-Date 🔻		7											
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в.	Full Name of Individual (Last, First, Middle Init Glavey, Patrick, , ,	Date of Receipt														
	Mailing Address 3 Park Forest Drive	05 29 2018														
	City	State	Zip Code		Transaction ID : SA11AI.44755											
	Pittsford	NY	12180		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	Occupation (for Individual) EVP			Memo Item											
	Receipt For: 2018	Aggregate	Year-to-Date 🔻		7											
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C.	Full Name of Individual (Last, First, Middle Init Gonick, Denise, , ,	ial) or Full O	rganization Name	9	Date of Receipt											
	Mailing Address 332 Torquay Blvd.				04 / D D / Y Y Y Y 04 13 2018											
	City	State	Zip Code		Transaction ID : SA11AI.44756											
	Albany	NY	12203		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 Indivi 0/President	dual)	Memo Item											
	Receipt For: 2018		Year-to-Date V		-											
	Primary General Other (specify)	Aggregate														
s	UBTOTAL of Receipts This Page (optional)				160.00											

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

Ima	age# 201807059115222368													
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS							PAGE	17 O	F 31					
			Detailed Summary Page	× 1 ¹	3	11b	15	16	17					
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	statements mage name and a	I ay not be sold or used by any p Iddress of any political committe	erson for	the purp	pose of s	oliciting	contribut	tions					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC												
Α.	Full Name of Individual (Last, First, Middle Ini Gonick, Denise, , ,	tial) or Full C	organization Name	Dat	te of Re	eceipt								
	Mailing Address 332 Torquay Blvd.				04 /	D D 27	/ Y	y y 2018	Y					
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	MVP Health Care	CEC	D/President											
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	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	organization Name											
В.	Gonick, Denise, , ,			Dat	te of Re	eceipt								
	Mailing Address 332 Torquay Blvd.				05 [/]	D D D 11	/ Y	2018	Y					
	City	State	Zip Code	Tr	ransacti	ion ID : S	A11AI.4	4758						
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c.	Full Name of Individual (Last, First, Middle Ini Gonick, Denise, , ,	tial) or Full C	organization Name	Dat	te of Re	eceipt								
	Mailing Address 332 Torquay Blvd.				05 /	29	/ Y	2018	Y					
	City	State	Zip Code	Т	ransact	ion ID : S	6A11AI.4	4759						
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	federal political committee.	С				, .		80.0	00					
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	Name of Employer (for Individual)		upation (for Individual)		Memo	b Item								
	MVP Health Care	CEC	D/President											
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	Other (specify)		880.00											

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)										
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 45 Crestwood Drive												
	City	State	Zip Code	Transaction ID : SA11AI.44780									
	Schenectady	NY	12866	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item									
	Receipt For: 2018	Aggregate	Year-to-Date V										
	✔ Primary General Other (specify) ▼		240.00]									
В.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 45 Crestwood Drive	04 27 2018											
	City	City State Zip Code											
	Schenectady	NY	12866	Transaction ID : SA11AI.44781 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item									
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , , , , , , , , , , , , , , , ,]									
<u> </u>	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 45 Crestwood Drive			05 11 2018									
	City	State NY	Zip Code	Transaction ID : SA11AI.44782									
	Schenectady		12866	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item									
	Receipt For: 2018	For: 2018 Aggregate Year-to-Date V											
	x Primary General Other (specify)]											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 19 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC												
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	Mailing Address 45 Crestwood Drive			05 / D D / Y Y Y Y 29 2018										
	City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.44783 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item										
	Receipt For: 2018	Aggregate	Year-to-Date ▼ 330.00											
в.	Full Name of Individual (Last, First, Middle Initi Husted, Kevin, , ,	ial) or Full O	Organization Name	Date of Receipt										
	Mailing Address 38 Fox Hill Drive	04 13 2018												
	City	State	Zip Code	Transaction ID : SA11AI.44788										
	Fairport	NY	14450	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ector	Memo Item										
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 240.00											
с.	Full Name of Individual (Last, First, Middle Initi Husted, Kevin, , ,	ial) or Full O	Organization Name	Date of Receipt										
	Mailing Address 38 Fox Hill Drive			04 27 2018										
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.44789 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) MVP Health Care	Occu Dire	upation (for Individual) actor	Memo Item										
	Receipt For: 2018 Y Primary General Other (specify) Other (specify)	Aggregate	Year-to-Date ▼ 270.00											
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PAGE 20 OF

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	y information copied from such Reports and S for commercial purposes, other than using the					for the		rp	ose of			ontribut							
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в.	Full Name of Individual (Last, First, Middle In Husted, Kevin, , ,	itial) or Full C	Drga	nization Name		Date	of R	lec	ceipt										
	Mailing Address 38 Fox Hill Drive					[™] 05	VI	/	D D D 29		2	2018	Y						
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	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 330.00]														
<u> </u>	Full Name of Individual (Last, First, Middle In Levin, Julie A., , ,	itial) or Full C	Drga	nization Name		Date	of R	lec	ceipt										
	Mailing Address 3900 Greystone Avenue #61-A					[™] 04	1	/	D D 13	ЬL	2	16 contributior committee 2018 790 Period 30.00 2018 791 Period 30.00 30.00 2018 804 Period 30.00 30.00	Y						
	City Riverdale	State NY		Zip Code 10463					on ID : Each Re										
	FEC ID number of contributing federal political committee.	С				<u> </u>			9		_	30.0	00						
	Name of Employer (for Individual) MVP Health Care	Occ VP	upa	tion (for Individual)			Nem	10	ltem										
	Receipt For: 2018 Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00]														
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PAGE 21 OF

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\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	٩C												
Α.	Full Name of Individual (Last, First, Middle Initia Levin, Julie A., , , Mailing Address 3900 Greystone Avenue #61-A City Riverdale FEC ID number of contributing federal political committee.	I) or Full C State NY)rgai	nization Name Zip Code 10463				/ sact	ion	27	/ Y SA11AI. eceipt th	20 4480		
	Name of Employer (for Individual) MVP Health Care	Occ VP		tion (for Individual) ar-to-Date ▼ 270.00			M	emo	o Ite	em			4	
	Full Name of Individual (Last, First, Middle Initia Levin, Julie A., , , Mailing Address 3900 Greystone Avenue #61-A City Riverdale FEC ID number of contributing	I) or Full C State NY)rgai	Zip Code 10463				/	ion	11 ID: \$	/ Y SA11AI. eceipt th	20 4480	6	
	federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018	Occ VP		tion (for Individual) ar-to-Date ▼ 300.00			M	emo	o Ite	em	<u> </u>			
C.	Full Name of Individual (Last, First, Middle Initia Levin, Julie A., , , Mailing Address 3900 Greystone Avenue #61-A City Riverdale FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Y Primary General Other (specify)	State NY C Occ VP	cupat	nization Name Zip Code 10463 tion (for Individual) ar-to-Date ▼ 330.00			\moun	/ sact	tion Ead	29 1 D :	/ Y SA11AI. eccipt th	20 . 448()7	
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PAGE 22 OF

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1				Detailed Summary Page	hary Page X 11a 11b 11c 12 17 used by any person for the purpose of soliciting contributions from such committee. Date of Receipt 10 12 2018 Date of Receipt 05 29 2018 7 7 2018 Transaction ID : SA11AL44819 Amount of Each Receipt this Period 20.00 20.00 20.00 Lual) Date of Receipt 04 13 2018 7 2018 Transaction ID : SA11AL44820 Amount of Each Receipt this Period 40.00 40.00 40.00 Jual) Date of Receipt 04 27 2018 7 Jual) Date of Receipt 40.00 40.00 40.00 40.00 Jual) Memo Item 320.00 100.00 40.00 40.00 100.00																		
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal						.5.0 001																
<u>د</u>	Mackinnon, Matthew, J., Mr.,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., ailing Address 1523 East Avenue																					
	City	State		Zip Code		ļ	05			29	SΔ11ΔL	20	018										
	Rochester	NY		14610	_	A			-			-	-										
	FEC ID number of contributing federal political committee.	С	_			ļ			-	_	-	_											
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupat	tion (for Individual)			Me	emc	o Iten	n													
	Receipt For: 2018	Aggregate	Yea	ar-to-Date ▼ 220.00																			
В.	Full Name of Individual (Last, First, Middle In Malko, Elizabeth, , ,																						
	Mailing Address 36 Quarry Road																						
	City Chester	State VT		Zip Code 05143	_																		
	FEC ID number of contributing federal political committee.	C				ļ			- -	_	- 45-	_	40.0	0									
	Name of Employer (for Individual) MVP Health Care	Occ EV		tion (for Individual)			Me	emo	o Iten	n													
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с.	Full Name of Individual (Last, First, Middle In Malko, Elizabeth, , ,	nitial) or Full C	Drga	nization Name			Date of	Re	eceipt	t	2018 SA11AI.44819 Receipt this Period 20.00 20.												
	Mailing Address 36 Quarry Road			1		l	04	/		27	L	20	018	Y									
	City Chester	State VT		Zip Code 05143		A			-		-	-	2018 44819 is Period 20. 2018 44819 is Period 20. 40. 40. 40. 40.										
	FEC ID number of contributing federal political committee.	С				ļ			9		,	_	40.0	0									
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	Receipt For: 2018 Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 360.00									contribution committee 2018 44819 is Period 20.00 20.00 20.00 20.00 40.00 40.00 40.00 40.00										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 23 OF

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	and Statements may not be sold or used by any p ig the name and address of any political committee	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC									
A. Malko, Elizabeth, , ,										
Mailing Address 36 Quarry Road	Ctate 7in Code	05 / D D / Y Y Y Y 2018								
City Chester	State Zip Code VT 05143	Transaction ID : SA11AI.44822								
	00145	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	40.00								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item								
MVP Health Care	EVP									
Receipt For: 2018	Aggregate Year-to-Date ▼									
x Primary General		1								
Other (specify) ▼	400.00									
Full Name of Individual (Last, First, Midd B. Malko, Elizabeth, , ,	lle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 36 Quarry Road		05 29 2018								
City	State Zip Code	Transaction ID : SA11AI.44823								
Chester	VT 05143	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	40.00								
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item								
Receipt For: 2018	Aggregate Year-to-Date ▼									
✗ Primary General		1								
Other (specify) ▼	440.00									
Full Name of Individual (Last, First, Midd C. Martin, Augusta, , ,	lle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 113 Kaydeross Park Roa	ad	04 13 2018								
City	State Zip Code	Transaction ID : SA11AI.44824								
Saratoga Springs	NY 12866	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	30.00								
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item								
Receipt For: 2018	Aggregate Year-to-Date ▼									
Y Primary General Other (specify)	240.00	1								
SUBTOTAL of Receipts This Page (option	al)	110.00								

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

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SCHEDULE A	(FEC Form 3X)
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PAGE 24 OF

31

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
	ny information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC												
Α.	Full Name of Individual (Last, First, Middle Initi Martin, Augusta, , , Mailing Address 113 Kaydeross Park Road	al) or Full Or	rganization Name	Date of Receipt										
	City	State	Zip Code	Transaction ID : SA11AI.44825										
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) MVP Health Care	Occu VP	ipation (for Individual)	Memo Item										
	Receipt For: 2018 ▼ Primary General Other (specify) ▼ Other	Aggregate	Year-to-Date ▼ 270.00]										
В.	Full Name of Individual (Last, First, Middle Initi Martin, Augusta, , ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 113 Kaydeross Park Road			05 11 2018										
	City	State	Zip Code	Transaction ID : SA11AI.44826										
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		30.00										
	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item										
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00]										
с.	Full Name of Individual (Last, First, Middle Initi Martin, Augusta, , ,	al) or Full Or	rganization Name	Date of Receipt										
	Mailing Address 113 Kaydeross Park Road			05 / Y Y Y Y 29 2018										
	City Seratogo Springe	State NY	Zip Code 12866	Transaction ID : SA11AI.44827										
	Saratoga Springs FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period										
	Name of Employer (for Individual) MVP Health Care	Occu VP	pation (for Individual)	Memo Item										
	Receipt For: 2018 Y Primary General Other (specify) Other (specify)	Aggregate	Year-to-Date ▼ 330.00]										
5	UBTOTAL of Receipts This Page (optional)			90.00										

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

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 25 OF

	EMIZED RECEIPTS			or each category of the etailed Summary Page		X	11a 13		1	1b 4		11c		12	1 -7
Any information copied from such Reports and Statements may not be sold or used by a or for commercial purposes, other than using the name and address of any political com							or the		po	se of		oliciting		ntribu	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC													
<u> </u>	Full Name of Individual (Last, First, Middle Initia Metheny, Laurie, , ,	Middle Initial) or Full Organization Name Date of Receipt													
	Mailing Address 21 Joellen Drive					l	м м 04	/		D 13		/ Y			Y
	City	State		Zip Code			Trans	sact	io	n ID :	S/	411AI	.448	36	
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	Name of Employer (for Individual) MVP Health Care		•	on (for Individual) sk Officer, VP			Μ	emo	o l'	tem					
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	Mailing Address 21 Joellen Drive					ĺ	м м 04	/	ſ	D 1		/ Y	his Period	Y	
(City	State		Zip Code		Transaction ID : SA11AI.44837									
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	FEC ID number of contributing federal political committee.	С				ļ	_		,		_	-9-	_	50.	00
	Name of Employer (for Individual) MVP Health Care		•	on (for Individual) sk Officer, VP			Μ	emo	o l'	tem					
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 450.00											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Metheny, Laurie, , ,	al) or Full O	Organ	ization Name			Date o	f Re	ece	eipt					
	Mailing Address 21 Joellen Drive					I	^M 05	/		D 11		/ Y		16 ontributions ommittee. 2018 336 Period 50.00 018 337 Period 50.00 50.00	Ŷ
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	Rochester	NY		14626		A	moun	t of	Ea	ach F	Rec	eipt th	nis P	Period	
	FEC ID number of contributing federal political committee.	С				Į	_		,		_	y	_	50.	00
	Name of Employer (for Individual)	Осси	upati	on (for Individual)			N	lemo	o I	tem					
	MVP Health Care	Chie	ef Ris	k Officer, VP		1									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 26 OF

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							13		14	15		16	17			
	y information copied from such Reports and Si for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)															
$\left \right\rangle$	MVP Health Care Inc. Federal F	PAC														
Α.	Full Name of Individual (Last, First, Middle Init Metheny, Laurie, , ,	ial) or Full C	Drga	nization Name			Date of	Re	eceipt							
	Mailing Address 21 Joellen Drive					ĺ	м м 05	/	29			2018	Y			
	City	State		Zip Code		1	Trans	act	ion ID :	SA11AI	.448	39				
	Rochester	NY		14626		A	mount	of	Each F	Receipt t	his F	Period				
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	Name of Employer (for Individual) MVP Health Care		•	tion (for Individual) isk Officer, VP			Me	emo	tem							
	Receipt For: 2018	Aggregate	Yea	ar-to-Date 🔻												
	 ✔ Primary General Other (specify) ▼ 		-	550.00												
в.	Full Name of Individual (Last, First, Middle Init Montepare, Carole, , ,	ial) or Full C	Drga	nization Name			Date of	Re	eceipt							
	Mailing Address 100 McLain Court					ſ	м м 04	1	13			018	Y			
	City	State		Zip Code		1	Trans	acti	ion ID :	SA11AI	.448	44				
	Williamstown	MA		01267		Α	mount	of	Each F	Receipt t	his F	Period				
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	Name of Employer (for Individual) MVP Health Care	Occ VP		tion (for Individual)			Me	emc	ttem							
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	Mailing Address 100 McLain Court			_			^M 04	/	D 27			018 [°]	Y			
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	Williamstown	MA		01267	_	Α	Mount	of	Each F	Receipt t	his F	Period				
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	Name of Employer (for Individual) MVP Health Care	Occ VP	cupa	tion (for Individual)			M	emo	o Item							
	Receipt For: 2018	Aggregate	Yea	ar-to-Date 🔻												
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 27 OF

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Montepare, Carole, , , Mailing Address 100 McLain Court	ial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.44846
	Williamstown	MA	01267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	MVP Health Care	VP		
	Receipt For: 2018 ✔ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
В.	Full Name of Individual (Last, First, Middle Init Montepare, Carole, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 100 McLain Court			05 29 2018
	City	State	Zip Code	Transaction ID : SA11AI.44847
	Williamstown	MA	01267	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	1
	Endl Margar of Individual / Look Einst Middle Init			
C.	Full Name of Individual (Last, First, Middle Init Montgomery, Susan, , ,	iai) or fuii O	rganization Name	Date of Receipt
	Mailing Address 12 Feeney Road			05 / 29 2018
	City	State	Zip Code	Transaction ID : SA11AI.44851
	Ossining	NY	10562	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
	Receipt For: 2018	Aggregate	Year-to-Date V	
	XPrimaryGeneralOther (specify)		220.00	1
s	UBTOTAL of Receipts This Page (optional)			80.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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PAGE 28 OF

31

11	EMIZED RECEIPTS			each category of the etailed Summary Page		X	11a 13		-	11b 14	-	110	;	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the						or the		rpo	ose		solicit		ontrib	utions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC													
Α.	Full Name of Individual (Last, First, Middle Initi Poole III, James, , ,	al) or Full C	Drganiz	zation Name		[Date c		ec	eip	t				
	Mailing Address 96 Spar Road	State	7	Zip Code			05 Tran		tio	_	29 29	/ SA11		2018	Ŷ
	Willington	СТ		06279		A	Amour			-		-			t
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	Name of Employer (for Individual) MVP Health Care		•	n (for Individual) Security Officer			N	lemo	0	Iter	n				
	Receipt For: 2018	Aggregate	Year-	to-Date ▼ 220.00											
в.	Full Name of Individual (Last, First, Middle Initi Santiago, Mark, , ,	al) or Full C	Drganiz	zation Name			Date c	of Re	ec	eip	t				
	Mailing Address 23 Lees Way					l	^M 05	/	′	D	29	/		2018	Y
	City Hopewell Junction	State NY	Z	Zip Code 12533	_		Trans								ł
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	Name of Employer (for Individual) MVP Health Care	Occ VP		on (for Individual)			N	lemo	0	lter	n				
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	Mailing Address						MN	/	′	D	D	1	Y	Y Y	Y
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	FEC ID number of contributing federal political committee.	С							,		_	,			
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	CHEDULE B (FEC Form 3X)		arate schedulo(c)	FOR LINE NUMBER:						PAGE 29 OF 31								
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		Detailed	Summary Page			210 28a		<u>-</u> Bb	^	23 28c	$\left \right $	20	\vdash	30b				
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$ \rangle$	NAME OF COMMITTEE (In Full)	<u>~</u>																
	MVP Health Care Inc. Federal PA																	
Α.	Full Name (Last, First, Middle Initial) COLLINS FOR CONGRESS			Date of Disbursement														
	Mailing Address PO BOX 386							[™]	'	D	01			018	Y			
	CLARENCE	State NY	Zip Code 14031				FEC Identification Number											
	Purpose of Disbursement \$500 for Primary and \$500 for General Election			0	11		C C00520379 Transaction ID : SB23.44953											
	Candidate Name COLLINS FOR CONGRESS				egory/ Amount of Each Disbursen									t this I	_			
	Senate x	ment For: 2 Primary	General							<u> </u>	_			1000.0	0			
	State: NY District: 27	Other (spec	cify) 🔻				Memo Item											
B.	Full Name (Last, First, Middle Initial) ELISE FOR CONGRESS							e of	[:] Di	sburse	-		Y	(Y	Y			
	Mailing Address PO BOX 338)6	ľ		01			2018				
	City WILLSBORO	State NY	Zip Code 12996				FEC	; Id	enti	ficatio	n	Numbe	er					
	Purpose of Disbursement			0)11	٦	С		-)5478 Instian	_	3 D : SB2	3 44	951				
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С.	Full Name (Last, First, Middle Initial)						Dat	e of	Di	sburse	em	nent						
	Mailing Address P.O. BOX 90914							[™]	/	D	D D1) /		018	Y			
	ROCHESTER	State NY	Zip Code 14609				FEC	; Id	enti	ficatio	n	Numbe	er	_				
	Purpose of Disbursement For event on June 6, 2018 Candidate Name				11		C H8NY25105 Transaction ID : SB23.44949											
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	Senate X President	Primary Other (spec	General					Me	mo	Item								
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SCHEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBE	R:			P	AGE	30 O	- 31
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	Detailed Summary Page				21b 28a	22	×	23 28c		26		27 30b	
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NAME OF COMMITTEE (In Full)	~												
MVP Health Care Inc. Federal PA	С												
Full Name (Last, First, Middle Initial) A. MORELLE, JOSEPH D, , ,							-	isburs	-				
Mailing Address P.O. BOX 90914						м 0			01			018	
City ROCHESTER	State NY	Zip Code 14609				FEC Identification Number							
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Office Sought: K House Disburse	Primary	General									-		
State: NY District: 25	Other (spe	cify) ▼					Memo	Item					
Full Name (Last, First, Middle Initial)													
B. TOM REED FOR CONGRESS						Date	of D	isburs	err	nent			
Mailing Address PO BOX 10847						м 0	м 6		01	/		018	
City	State NY	Zip Code				FEC	Ident	ificatio	on	Numb	ər		
ROCHESTER Purpose of Disbursement	INT	14610			_	С	<u></u>	04640	122				
\$500 for Primary and \$1000 for General Election			C)11				1.00	-	1. A.			
Candidate Name			Cate	egory	//					D : SB2 Disburs	-	952 t this Pe	eriod
TOM REED FOR CONGRESS				ype	,,	_							-
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President	Primary Other (spe	General				-							
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	D (FEC Form 3X) D OBLIGATIONS ans			(Use separate schedule(s) for each numbered line)	PAGE 31 OF 31 FOR LINE NUMBER: (check only one) 9 X 10
NAME OF COMM MVP Health	MITTEE (In Full) h Care Inc. Federal PAC				
	e (Last, First, Middle Initial) of Debto e Business Checks	or or Creditor		Nature of D Check Prin	ebt (Purpose): ting
Mailing Addre	P.O. Box 742572				
City Cincinnati		State OH	Zip Code 45274		
Outstanding	g Balance Beginning This Period 145.00			Transacti	on ID : SD10.4163
Ame	ount Incurred This Period 0.00	Pay	ment This Period	.00	ng Balance at Close of This Period 145.00
	(Last, First, Middle Initial) of Debtor Well Done	r or Creditor		Nature of D Advertising	ebt (Purpose):
Mailing Addre	96 Jay Street	State	Zip Code		
Schenectady		NY	12305		
Outstanding	g Balance Beginning This Period			Transact	ion ID : SD10.4165
	338.00	_			
Amo	ount Incurred This Period 0.00	Pay	ment This Period 0.	00	ng Balance at Close of This Period 338.00
C. Full Name	e (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):
Mailing Addre	ess				
City		State	Zip Code		
Outstanding	g Balance Beginning This Period				
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1) SUBTOTALS	ount Incurred This Period S This Period This Page (optional)				483.00
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