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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| , | or Other Than An Auth | orized Committee | Office Use Only |
|---|----------------------------------|--|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| MVP Health Care Inc. | Federal PAC | | |
| | | | |
| ADDRESS (number and street) | 625 State Street | | |
| Check if different | | | |
| than previously reported. (ACC) | Schenectady | | NY 12305 - |
| 2. FEC IDENTIFICATION NU | IMBER ▼ CITY | ′ ▲ | STATE ▲ ZIP CODE ▲ |
| C C00431429 | 3. IS | THIS NEW (N) OI | AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Feb 2 Report Due On: | 20 (M2) May 20 (M | (Non-Election Year Only) |
| (a) Quarterly Reports: | Mar 2 | 20 (M3) Jun 20 (M | (Non-Election Year Only) |
| April 15 | | 0 (M4) Jul 20 (M7 | Oct 20 (M10) Jan 31 (YE) |
| Quarterly Report (Q | (C) 12-Day | Primary (12P) | General (12G) Runoff (12R) |
| Quarterly Report (Q | Report for the: | Convention (12C) | Special (12S) |
| Quarterly Report (Q | Floation | M = M / D = D | in the State of |
| July 31 Mid-Year | (d) 30-Day | | Citale of |
| Report (Non-election Year Only) (MY) | POST-Election Report for the: | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | Election | on/ | in the State of |
| 5. Covering Period 07 | | through 12 | M / D D / Y Y Y Y Y Y 31 2017 _ |
| I certify that I have examined th | | my knowledge and belief it is | true, correct and complete. |
| Type or Print Name of Treasure | Estey, Jordan, T, , | | |
| Signature of Treasurer | Jordan, T, , | [Electronically Filed] | Date 01 / 24 2018 |
| NOTE: Submission of false, errone | eous, or incomplete information | may subject the person signing | g this Report to the penalties of 52 U.S.C. § 30109 |
| Office Use Only | | | FEC FORM 3X Rev. 05/2016 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| | FEC Form 3X (Rev. 05/2016) | OF RECEIPTS AND DISBURSEMENTS | Page 2 |
|----|--|---|-----------------------------------|
| ٧ | Vrite or Type Committee Name | | |
| 1 | MVP Health Care Inc. Federal | PAC | |
| R | Report Covering the Period: From: | 07 01 / Y Y Y Y Y Y Y TO | : 12 31 2017 |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. | (a) Cash on Hand January 1, 2017 | | 59167.34 |
| | (b) Cash on Hand at Beginning of Reporting Period | 61269.34 | |
| | (c) Total Receipts (from Line 19) | 14674.00 | 31276.00 |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 75943.34 | 90443.34 |
| 7. | Total Disbursements (from Line 31) | 12000.00 | 26500.00 |
| 3. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 63943.34 | 63943.34 |
|). | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 0. | . Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 483.00 | |
| | This committee has qualified as a m | nulticandidate 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 | c. Federal PAC |
|---------------------|----------------|
|---------------------|----------------|

07 01 2017 31 2017 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 11600.00 19810.00 (i) Itemized (use Schedule A)..... 3074.00 11466.00 (ii) Unitemized (iii) TOTAL (add 31276.00 14674.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 31276.00 14674.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 31276.00 14674.00 20. Total Federal Receipts 14674.00 31276.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| | II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------|---|-------------------------------|-----------------------------------|
| (a) A | ating Expenditures: — Illocated Federal/Non-Federal | | |
| <i>Р</i> (i | Activity (from Schedule H4) | 0.00 | 0.00 |
| (1 |) Tederal Ghare | | |
| ` | ii) Non-Federal Share | 0.00 | 0.00 |
| | Other Federal Operating | 0.00 | 0.00 |
| | Expenditures Total Operating Expenditures | 0.00 | 0.00 |
| ٠, | add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| | fers to Affiliated/Other Party | 4 4 4 | 42 42 43 |
| | nitteesbutions to | 0.00 | 0.00 |
| Feder and C | al Candidates/Committees Other Political Committees | 12000.00 | 26500.00 |
| | endent Expenditures | | |
| Coord | Schedule E)linated Party Expenditures | 0.00 | 0.00 |
| (52 U (use \$ | .S.C. § 30116(d)) Schedule F) | 0.00 | 0.00 |
| , | _ | 7 7 | 0.00 |
| Loan | Repayments Made | 0.00 | 0.00 |
| | M. J. | | |
| Refun | Madeds of Contributions To: | 0.00 | 0.00 |
| | ndividuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| ' | | 0.00 | 0.00 |
| (b) F | Political Party Committees | 0.00 | 0.00 |
| ` ' | Other Political Committees | 7 7 7 | |
| | such as PACs) | 0.00 | 0.00 |
| ` ' | otal Contribution Refunds | 200 | |
| (- | add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| Other | Disbursements (Including | | |
| Non-F | Federal Donations) | 0.00 | 0.00 |
| Feder | al Election Activity (52 U.S.C. § 30101(20) |) | |
| | al Election Activity (52 0.5.C. § 50101(20) |) | |
| . , | from Schedule H6) | | |
| |) Federal Share | 0.00 | 0.00 |
| | F | | |
| | ii) "Levin" Share ederal Election Activity Paid | 0.00 | 0.00 |
| ` ' | Entirely With Federal Funds | 0.00 | 2.22 |
| | otal Federal Election Activity (add | 0.00 | 0.00 |
| ` ' | ines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| | | 4 | 7 7 |
| | Disbursements (add Lines 21(c), 22, | | |
| 23, 24 | 4, 25, 26, 27, 28(d), 29 and 30(c)) | 12000.00 | 26500.00 |
| Total | Federal Disbursements | | 45 45 45 |
| | act Line 21(a)(ii) and Line 30(a)(ii) | | |
| | Line 31) | 12000.00 | 20522.22 |
| • | , | 12000.00 | 26500.00 |

DETAILED SUMMARY PAGE

of Disbursements

| _ | FEC Form 3X (Rev. 05/2016) | of Dispursements | Page 5 | | | | |
|-----|--|-------------------------------|-----------------------------------|--|--|--|--|
| | III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | | | | |
| 33. | Total Contributions (other than loans) (from Line 11(d), page 3) | 14674.00 | 31276.00 | | | | |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 | | | | |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 14674.00 | 31276.00 | | | | |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 | | | | |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 | | | | |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 | | | | |

FOR LINE NUMBER: PAGE 6 Use separate schedule(s) (check only one) **X** 11a 11b 11c

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2017 City Zip Code State Transaction ID: SA11AI.43295 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 840.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2017 City State Zip Code Transaction ID: SA11AI.43296 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 04 2017 City Zip Code State Transaction ID: SA11AI.43297 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 960.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2017 City Zip Code State Transaction ID: SA11AI.43307 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bizzarro, Dominick, , , Date of Receipt Mailing Address 32 Devonshire Way 2017 City State Zip Code Transaction ID: SA11AI.43321 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 07 2017 City Zip Code State Transaction ID: SA11AI.43336 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 420.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

Use separate schedule(s)

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|------------------|---|-----|------|-----|----|-----|-----|----|--|----|
| (check only one) | | | | | | | | | | |
| | X | 11a | | 11b | | 11c | | 12 | | |
| | | 13 | | 14 | | 15 | | 16 | | 17 |

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2017 City Zip Code State Transaction ID: SA11AI.43337 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2017 City State Zip Code Transaction ID: SA11AI.43338 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 18 2017 City Zip Code State Transaction ID: SA11AI.43339 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2017 City Zip Code State Transaction ID: SA11AI.43340 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 15 2017 City State Zip Code Transaction ID: SA11AI.43341 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 29 2017 City Zip Code State Transaction ID: SA11AI.43342 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 13 2017 City Zip Code State Transaction ID: SA11AI.43343 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 10 2017 City State Zip Code Transaction ID: SA11AI.43344 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 09 2017 City Zip Code State Transaction ID: SA11AI.43345 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2017 City Zip Code State Transaction ID: SA11AI.43346 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2017 City State Zip Code Transaction ID: SA11AI.43347 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 22 2017 City Zip Code State Transaction ID: SA11AI.43348 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 780.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2017 City Zip Code State Transaction ID: SA11AI.43349 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 560.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 07 2017 City State Zip Code Transaction ID: SA11AI.43350 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 04 2017 City Zip Code State Transaction ID: SA11AI.43351 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 640.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 18 2017 City Zip Code State Transaction ID: SA11AI.43352 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 680.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2017 City State Zip Code Transaction ID: SA11AI.43353 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 15 2017 City Zip Code State Transaction ID: SA11AI.43354 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 760.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2017 City Zip Code State Transaction ID: SA11AI.43355 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 10 13 2017 City State Zip Code Transaction ID: SA11AI.43356 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 10 2017 City Zip Code State Transaction ID: SA11AI.43357 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 880.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 11 09 2017 City Zip Code State Transaction ID: SA11AI.43358 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 920.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2017 11 City State Zip Code Transaction ID: SA11AI.43359 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 960.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 80 2017 City Zip Code State Transaction ID: SA11AI.43360 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1000.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2017 City Zip Code State Transaction ID: SA11AI.43361 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1040.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 10 2017 City State Zip Code Transaction ID: SA11AI.43382 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 10 2017 City Zip Code State Transaction ID: SA11AI.43383 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 220.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 09 2017 City Zip Code State Transaction ID: SA11AI.43384 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 2017 City State Zip Code Transaction ID: SA11AI.43385 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 80 2017 City Zip Code State Transaction ID: SA11AI.43386 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 2017 City Zip Code State Transaction ID: SA11AI.43387 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2017 City State Zip Code Transaction ID: SA11AI.43401 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2017 City Zip Code State Transaction ID: SA11AI.43402 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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| | NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P | AC | | |
| Α. | Full Name of Individual (Last, First, Middle Initi Deferio, Patricia, , , Mailing Address 106 Birch Street | Date of Receipt | | |
| | | | | 08 04 2017 |
| | City Liverpool | State NY | Zip Code 13088 | Transaction ID : SA11AI.43403 |
| | FEC ID number of contributing federal political committee. | C | 13000 | Amount of Each Receipt this Period 40.00 |
| | Name of Employer (for Individual) MVP Health Care | Occupa VP | ation (for Individual) | Memo Item |
| | Receipt For: 2017 Primary General Other (specify) ▼ | Aggregate Ye | ar-to-Date ▼ 640.00 | |
| В. | Full Name of Individual (Last, First, Middle Initi Deferio, Patricia, , , Mailing Address 106 Birch Street | al) or Full Orga | anization Name | Date of Receipt |
| | City | State | Zin Codo | 08 18 2017 |
| | City Liverpool | State NY | Zip Code 13088 | Transaction ID : SA11AI.43404 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 VP | ation (for Individual) | Memo Item |
| | Receipt For: 2017 Primary General Other (specify) ▼ | Aggregate Ye | ar-to-Date ▼ 680.00 | |
| С . | Full Name of Individual (Last, First, Middle Initi Deferio, Patricia, , , | al) or Full Orga | anization Name | Date of Receipt |
| | Mailing Address 106 Birch Street | | | 09 01 / Y Y Y Y Y |
| | City Liverpool | State NY | Zip Code 13088 | Transaction ID : SA11AI.43405 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 | Memo Item | | |
| | Receipt For: 2017 Primary | Aggregate Ye | ar-to-Date ▼ | |
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 15 2017 City Zip Code State Transaction ID: SA11AI.43406 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2017 City State Zip Code Transaction ID: SA11AI.43407 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 10 13 2017 City Zip Code State Transaction ID: SA11AI.43408 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 840.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2017 City Zip Code State Transaction ID: SA11AI.43409 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 880.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2017 City State Zip Code Transaction ID: SA11AI.43410 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 24 2017 City Zip Code State Transaction ID: SA11AI.43411 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 2017 City Zip Code State Transaction ID: SA11AI.43415 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 900.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 80 2017 City Zip Code State Transaction ID: SA11AI.43416 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 960.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 18 2017 City Zip Code State Transaction ID: SA11AI.43417 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1020.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 2017 City Zip Code State Transaction ID: SA11AI.43418 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1080.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 09 15 2017 City Zip Code State Transaction ID: SA11AI.43419 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1140.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 29 2017 City Zip Code State Transaction ID: SA11AI.43420 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1200.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 13 2017 City Zip Code State Transaction ID: SA11AI.43421 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1260.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 10 2017 City Zip Code State Transaction ID: SA11AI.43422 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 09 2017 City Zip Code State Transaction ID: SA11AI.43423 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1380.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 11 2017 City Zip Code State Transaction ID: SA11AI.43424 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1440.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 80 2017 City Zip Code State Transaction ID: SA11AI.43425 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 22 2017 City Zip Code State Transaction ID: SA11AI.43426 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1560.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2017 City Zip Code State Transaction ID: SA11AI.43470 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 2017 City State Zip Code Transaction ID: SA11AI.43471 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 270.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 04 2017 City Zip Code State Transaction ID: SA11AI.43472 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2017 City Zip Code State Transaction ID: SA11AI.43476 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 10 2017 City State Zip Code Transaction ID: SA11AI.43477 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 10 2017 City Zip Code State Transaction ID: SA11AI.43478 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 09 2017 City Zip Code State Transaction ID: SA11AI.43479 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 520.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 2017 City State Zip Code Transaction ID: SA11AI.43480 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 80 2017 City Zip Code State Transaction ID: SA11AI.43481 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2017 City Zip Code State Transaction ID: SA11AI.43482 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 640.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2017 City State Zip Code Transaction ID: SA11AI.43509 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2017 City Zip Code State Transaction ID: SA11AI.43510 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 450.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 04 2017 City Zip Code State Transaction ID: SA11AI.43511 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 18 2017 City State Zip Code Transaction ID: SA11AI.43512 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 01 2017 City Zip Code State Transaction ID: SA11AI.43513 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 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 Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2017 City Zip Code State Transaction ID: SA11AI.43543 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2017 11 City State Zip Code Transaction ID: SA11AI.43544 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 24 2017 City State Zip Code Transaction ID: SA11AI.43545 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) SUBTOTAL of Receipts This Page (optional).

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131 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2017 City Zip Code State Transaction ID: SA11AI.43546 Schenectady NY 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2017 City State Zip Code Transaction ID: SA11AI.43547 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Team Lead Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 07 2017 City Zip Code State Transaction ID: SA11AI.43548 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1120.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2017 City Zip Code State Transaction ID: SA11AI.43549 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1200.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2017 City State Zip Code Transaction ID: SA11AI.43550 Pittsford NY 12180 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 1280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 18 2017 City Zip Code State Transaction ID: SA11AI.43551 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1360.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2017 City Zip Code State Transaction ID: SA11AI.43552 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1440.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 15 2017 City State Zip Code Transaction ID: SA11AI.43553 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 1520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 29 2017 City Zip Code State Transaction ID: SA11AI.43554 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1600.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 13 2017 City Zip Code State Transaction ID: SA11AI.43555 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1680.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 10 2017 City State Zip Code Transaction ID: SA11AI.43556 Pittsford NY 12180 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 1760.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 09 2017 City Zip Code State Transaction ID: SA11AI.43557 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1840.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 - - -

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 2017 City Zip Code State Transaction ID: SA11AI.43605 NY Altamont 12203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 2017 City State Zip Code Transaction ID: SA11AI.43606 NY Altamont 12203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2017 City Zip Code State Transaction ID: SA11AI.43620 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 420.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2017 City Zip Code State Transaction ID: SA11AI.43624 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 15 2017 City State Zip Code Transaction ID: SA11AI.43625 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 29 2017 City Zip Code State Transaction ID: SA11AI.43626 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 13 2017 City Zip Code State Transaction ID: SA11AI.43627 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 10 2017 City State Zip Code Transaction ID: SA11AI.43628 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 09 2017 City Zip Code State Transaction ID: SA11AI.43629 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2017 City Zip Code State Transaction ID: SA11AI.43630 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2017 City State Zip Code Transaction ID: SA11AI.43631 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 22 2017 City Zip Code State Transaction ID: SA11AI.43632 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 780.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2017 City Zip Code State Transaction ID: SA11AI.43646 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2017 City State Zip Code Transaction ID: SA11AI.43647 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 04 2017 City Zip Code State Transaction ID: SA11AI.43648 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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7

federal political committee.

Other (specify)

MVP Health Care

Receipt For: 2017

Primary

Name of Employer (for Individual)

✗ General

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 59 OF 131 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2017 City Zip Code State Transaction ID: SA11AI.43652 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 600.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 10 2017 City State Zip Code Transaction ID: SA11AI.43653 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 10 2017 City Zip Code State Transaction ID: SA11AI.43654 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing

660.00

Occupation (for Individual)

Director

Aggregate Year-to-Date ▼

C

30.00

Memo Item

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 09 2017 City Zip Code State Transaction ID: SA11AI.43655 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 690.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2017 City State Zip Code Transaction ID: SA11AI.43656 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 80 2017 City Zip Code State Transaction ID: SA11AI.43657 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 750.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2017 City Zip Code State Transaction ID: SA11AI.43658 14450 NY Fairport Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 780.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City State Zip Code Transaction ID: SA11AI.43672 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 700.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City Zip Code State Transaction ID: SA11AI.43673 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 750.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City Zip Code State Transaction ID: SA11AI.43674 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 800.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 18 2017 City State Zip Code Transaction ID: SA11AI.43675 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 01 2017 City Zip Code State Transaction ID: SA11AI.43676 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 900.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 15 2017 City Zip Code State Transaction ID: SA11AI.43677 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 950.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City State Zip Code Transaction ID: SA11AI.43678 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 10 13 2017 City Zip Code State Transaction ID: SA11AI.43679 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1050.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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

Use separate schedule(s)

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| (check only one) | | | | | | | | | | | | |
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| | | 13 | | 14 | | 15 | | 16 | | 17 | | |

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City Zip Code State Transaction ID: SA11AI.43680 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Special Counsel MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1100.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 11 City State Zip Code Transaction ID: SA11AI.43681 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 1150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 24 2017 City Zip Code State Transaction ID: SA11AI.43682 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Special Counsel MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1200.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City Zip Code State Transaction ID: SA11AI.43683 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1205.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jablonski, Dawn, , , Date of Receipt Mailing Address 64 Sutherland Drive 2017 City State Zip Code Transaction ID: SA11AI.43684 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 5.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Special Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 1210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 07 2017 City Zip Code State Transaction ID: SA11AI.43711 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 980.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 2017 City Zip Code State Transaction ID: SA11AI.43712 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1050.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Leonard, Margaret, , , Date of Receipt Mailing Address 70 Benjamin Lane 2017 City State Zip Code Transaction ID: SA11AI.43713 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 1120.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Levin, Julie A., , , Date of Receipt Mailing Address 3900 Greystone Avenue 2017 City State Zip Code Transaction ID: SA11AI.43714 NY Riverdale 10463 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 420.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Levin, Julie A.,,, Date of Receipt Mailing Address 3900 Greystone Avenue #6<u>1-A</u> 13 2017 City Zip Code State Transaction ID: SA11AI.43721 NY Riverdale 10463 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 630.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Levin, Julie A., , , Date of Receipt Mailing Address 3900 Greystone Avenue 10 2017 #61-A City State Zip Code Transaction ID: SA11AI.43722 Riverdale NY 10463 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Levin, Julie A., , , Date of Receipt Mailing Address 3900 Greystone Avenue 09 2017 City State Zip Code Transaction ID: SA11AI.43723 NY Riverdale 10463 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 70 OF 131 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Levin, Julie A.,,, Date of Receipt Mailing Address 3900 Greystone Avenue #6<u>1-A</u> 2017 City Zip Code State Transaction ID: SA11AI.43724 NY Riverdale 10463 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Levin, Julie A., , , Date of Receipt Mailing Address 3900 Greystone Avenue 2017 #61-A City State Zip Code Transaction ID: SA11AI.43725 Riverdale NY 10463 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Levin, Julie A., , , Date of Receipt Mailing Address 3900 Greystone Avenue 22 2017 City State Zip Code Transaction ID: SA11AI.43726 NY Riverdale 10463 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 780.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 2017 City Zip Code State Transaction ID: SA11AI.43754 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 280.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 07 2017 City State Zip Code Transaction ID: SA11AI.43755 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 04 2017 City Zip Code State Transaction ID: SA11AI.43756 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 320.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 18 2017 City Zip Code State Transaction ID: SA11AI.43757 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 340.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 09 2017 City State Zip Code Transaction ID: SA11AI.43758 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 15 2017 City Zip Code State Transaction ID: SA11AI.43759 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 2017 City Zip Code State Transaction ID: SA11AI.43760 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 10 13 2017 City State Zip Code Transaction ID: SA11AI.43761 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 10 2017 City Zip Code State Transaction ID: SA11AI.43762 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 440.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 11 09 2017 City Zip Code State Transaction ID: SA11AI.43763 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 2017 11 City State Zip Code Transaction ID: SA11AI.43764 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 12 80 2017 City Zip Code State Transaction ID: SA11AI.43765 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 500.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 2017 City Zip Code State Transaction ID: SA11AI.43766 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 07 2017 City State Zip Code Transaction ID: SA11AI.43767 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2017 City Zip Code State Transaction ID: SA11AI.43768 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 600.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2017 City Zip Code State Transaction ID: SA11AI.43769 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 640.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 18 2017 City State Zip Code Transaction ID: SA11AI.43770 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 01 2017 City Zip Code State Transaction ID: SA11AI.43771 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 15 2017 City Zip Code State Transaction ID: SA11AI.43772 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 09 2017 City State Zip Code Transaction ID: SA11AI.43773 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 10 13 2017 City Zip Code State Transaction ID: SA11AI.43774 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 840.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2017 City Zip Code State Transaction ID: SA11AI.43775 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 880.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2017 11 City State Zip Code Transaction ID: SA11AI.43776 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 24 2017 City Zip Code State Transaction ID: SA11AI.43777 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2017 City Zip Code State Transaction ID: SA11AI.43778 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Malko, Ellizabeth, , , Date of Receipt Mailing Address 36 Quarry Road 2017 City State Zip Code Transaction ID: SA11AI.43779 VT Chester 05143 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 1040.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2017 City Zip Code State Transaction ID: SA11AI.43780 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 420.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2017 City Zip Code State Transaction ID: SA11AI.43781 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2017 City State Zip Code Transaction ID: SA11AI.43782 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 18 2017 City Zip Code State Transaction ID: SA11AI.43783 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Receipt For: 2017

Primary

Other (specify)

X General

SCHEDULE A (FEC Form 3X)

131 FOR LINE NUMBER: PAGE 82 OF Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 13 2017 City Zip Code State Transaction ID: SA11AI.43787 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 10 2017 City State Zip Code Transaction ID: SA11AI.43788 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 09 2017 City Zip Code State Transaction ID: SA11AI.43789 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2017 City Zip Code State Transaction ID: SA11AI.43790 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2017 City State Zip Code Transaction ID: SA11AI.43791 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 22 2017 City Zip Code State Transaction ID: SA11AI.43792 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 780.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 13 2017 City Zip Code State Transaction ID: SA11AI.43813 NY 14564 Victor Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Regional Medical Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 10 2017 City State Zip Code Transaction ID: SA11AI.43814 NY Victor 14564 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Regional Medical Director Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 09 2017 City Zip Code State Transaction ID: SA11AI.43815 NY Victor 14564 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Regional Medical Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2017 City Zip Code State Transaction ID: SA11AI.43819 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 700.00 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 2017 City State Zip Code Transaction ID: SA11AI.43820 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 04 2017 City Zip Code State Transaction ID: SA11AI.43821 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 800.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 18 2017 City Zip Code State Transaction ID: SA11AI.43822 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 850.00 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 2017 City State Zip Code Transaction ID: SA11AI.43823 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 15 2017 City Zip Code State Transaction ID: SA11AI.43824 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2017 City Zip Code State Transaction ID: SA11AI.43825 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1000.00 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 10 2017 City State Zip Code Transaction ID: SA11AI.43826 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2017 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1050.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 10 2017 City Zip Code State Transaction ID: SA11AI.43827 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 1100.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2017 City Zip Code State Transaction ID: SA11AI.43831 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 1300.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 10 2017 City State Zip Code Transaction ID: SA11AI.43839 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 10 2017 City Zip Code State Transaction ID: SA11AI.43840 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 220.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 09 2017 City Zip Code State Transaction ID: SA11AI.43841 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 230.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 2017 City State Zip Code Transaction ID: SA11AI.43842 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 80 2017 City Zip Code State Transaction ID: SA11AI.43843 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 2017 City Zip Code State Transaction ID: SA11AI.43844 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 260.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2017 City State Zip Code Transaction ID: SA11AI.43845 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2017 City Zip Code State Transaction ID: SA11AI.43846 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 450.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2017 City Zip Code State Transaction ID: SA11AI.43859 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2017 City State Zip Code Transaction ID: SA11AI.43860 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 18 2017 City Zip Code State Transaction ID: SA11AI.43861 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 340.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 13 2017 City Zip Code State Transaction ID: SA11AI.43865 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 10 2017 City State Zip Code Transaction ID: SA11AI.43866 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 09 2017 City Zip Code State Transaction ID: SA11AI.43867 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 13 2017 City Zip Code State Transaction ID: SA11AI.43885 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 10 2017 City State Zip Code Transaction ID: SA11AI.43886 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 09 2017 City Zip Code State Transaction ID: SA11AI.43887 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2017 City Zip Code State Transaction ID: SA11AI.43954 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 500.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2017 City State Zip Code Transaction ID: SA11AI.43955 Hopewell Junction NY 12533 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 10 13 2017 City Zip Code State Transaction ID: SA11AI.43971 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2017 City Zip Code State Transaction ID: SA11AI.43972 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2017 City State Zip Code Transaction ID: SA11AI.43973 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 24 2017 City Zip Code State Transaction ID: SA11AI.43974 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2017 City Zip Code State Transaction ID: SA11AI.43975 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2017 City State Zip Code Transaction ID: SA11AI.43976 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 10 13 2017 City Zip Code State Transaction ID: SA11AI.44010 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2017 City Zip Code State Transaction ID: SA11AI.44011 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2017 City State Zip Code Transaction ID: SA11AI.44012 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 24 2017 City Zip Code State Transaction ID: SA11AI.44013 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2017 City Zip Code State Transaction ID: SA11AI.44014 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2017 City State Zip Code Transaction ID: SA11AI.44015 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stitt, David, , , Date of Receipt Mailing Address 684 Macelroy Road 10 13 2017 City Zip Code State Transaction ID: SA11AI.44036 NY **Ballston Lake** 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stitt, David, , , Date of Receipt Mailing Address 684 Macelroy Road 2017 City Zip Code State Transaction ID: SA11AI.44037 NY Ballston Lake 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stitt, David, , , Date of Receipt Mailing Address 684 Macelroy Road 2017 City State Zip Code Transaction ID: SA11AI.44038 **Ballston Lake** NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Stitt, David, , , Date of Receipt Mailing Address 684 Macelroy Road 24 2017 City Zip Code State Transaction ID: SA11AI.44039 NY **Ballston Lake** 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Stitt, David, , , Date of Receipt Mailing Address 684 Macelroy Road 2017 City Zip Code State Transaction ID: SA11AI.44040 NY Ballston Lake 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Stitt, David, , , Date of Receipt Mailing Address 684 Macelroy Road 2017 City State Zip Code Transaction ID: SA11AI.44041 **Ballston Lake** NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 10 13 2017 City Zip Code State Transaction ID: SA11AI.44049 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 2017 City Zip Code State Transaction ID: SA11AI.44050 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 2017 City State Zip Code Transaction ID: SA11AI.44051 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 24 2017 City Zip Code State Transaction ID: SA11AI.44052 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 2017 City Zip Code State Transaction ID: SA11AI.44053 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 2017 City State Zip Code Transaction ID: SA11AI.44054 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Deputy General Counsel Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 29 2017 City Zip Code State Transaction ID: SA11AI.44096 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 210.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 13 2017 City Zip Code State Transaction ID: SA11AI.44097 Schenectady NY 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 10 2017 City State Zip Code Transaction ID: SA11AI.44098 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 09 2017 City Zip Code State Transaction ID: SA11AI.44099 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wild, Joseph,,, Date of Receipt Mailing Address 2040 Mill Road 2017 City Zip Code State Transaction ID: SA11AI.44111 NY West Falls 14170 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wild, Joseph, , , Date of Receipt Mailing Address 2040 Mill Road 2017 11 City State Zip Code Transaction ID: SA11AI.44112 NY West Falls 14170 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Wild, Joseph, , , Date of Receipt Mailing Address 2040 Mill Road 24 2017 City Zip Code State Transaction ID: SA11AI.44113 NY West Falls 14170 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2017 Aggregate Year-to-Date ▼ Primary **✗** General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) FOR LINE NUMBER: (check only one) | | | PAGE 128 OF 131 | | | |
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| or for commercial purposes, other than using the nam | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | |
| MVP Health Care Inc. Federal PAC |) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| A. CLAUDIA TENNEY FOR CONGRE | | Date of Disbursement | | | | | |
| —————————————————————————————————————— | | M M / D D / Y Y Y Y | | | | | |
| Mailing Address 28 ROBINSON RD. | | 10 16 | 2017 | | | | |
| PO BOX 128 | N-1- | 7:- 0-1- | | | | | |
| , | State Zip Code NY 13323 | | | FEC Identification Nu | mber | | |
| Purpose of Disbursement | 10020 | | | C C00632828 | | | |
| | 011 | | | | | | |
| Candidate Name | Category/ | Transaction ID : SB23.44168 Amount of Each Disbursement this Period | | | | | |
| CLAUDIA TENNEY FOR CONGRE | ent For: 2 | | Туре | 2500.00 | | | |
| | | 2300.00 | | | | | |
| | | | | | | | |
| State: NY District: 22 | | , | | Memo Item | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| 3. COLLINS FOR CONGRESS | | Date of Disbursement O9 06 2017 | | | | | |
| Mailing Address PO BOX 386 | | | | | | | |
| Mailing Address PO BOX 300 | | | | 09 00 | 2017 | | |
| , | State | Zip Code | | FEC Identification Nu | mber | | |
| CLARENCE NY 14031 | | | | | | | |
| Purpose of Disbursement | 011 | C C00520379 | | | | | |
| Candidate Name | Category/ | Transaction ID : Amount of Each Disb | | | | | |
| COLLINS FOR CONGRESS | Amount of Euch biss | discincia and i chod | | | | | |
| Office Sought: House Disburser | | 1 1 45 1 1 | 1000.00 | | | | |
| | i i i i i i i i i i i i i i i i i i i | | | | | | |
| State: NY District: 27 | Other (spec | iiy) | | Memo Item | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | |
| C. ELISE FOR CONGRESS | | | | Date of Disbursemen | t | | |
| | M M / D D / Y Y Y Y | | | | | | |
| Mailing Address PO BOX 338 | | | | 09 06 | 2017 | | |
| City | State | Zip Code | | FEC Identification Nu | ımbor | | |
| WILLSBORO | NY | 12996 | | rec identification Nu | Ilibei | | |
| Purpose of Disbursement | C C00547893 Transaction ID : SB23.44159 | | | | | | |
| Candidate Name | | | | | | | |
| ELISE FOR CONGRESS | Amount of Each Disb | ursement this Period | | | | | |
| Office Sought: House Disburser | | 1000.00 | | | | | |
| Senate x | | | | | | | |
| | Other (spec | eify) 🔻 | | Memo Item | | | |
| State: NY District: 21 | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | 4500.00 | | |
| | | | | 7 | 7 | | |
| TOTAL This Period (last page this line number only). | | | | Ĺ, | , | | |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | Use separate schedule(s) | FOR LINE NUMBER: PAGE 129 OF 131 (check only one) | | | |
|---|---|---|--|--|--|
| II LIVIIZED DISBURSEIVIEN IS | for each category of the Detailed Summary Page 28a | | 22 x 23 26 27 28c 29 30b | | |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | | | | | |
| NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC | | | The state of the s | | |
| Full Name (Last, First, Middle Initial) A. FASO FOR CONGRESS | Date of Disbursement | | | | |
| Mailing Address PO BOX 98 | 09 06 2017 | | | | |
| • | State Zip Code NY 10590 | | FEC Identification Number C C00580415 | | |
| Candidate Name | C C00580415 Transaction ID : SB23.44160 Amount of Each Disbursement this Period | | | | |
| FASO FOR CONGRESS Office Sought: W | 1000.00 Memo Item | | | | |
| Full Name (Last, First, Middle Initial) FASO FOR CONGRESS Mailing Address PO BOX 98 | Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | | |
| , | State Zip Code NY 10590 | | FEC Identification Number C C00580415 | | |
| Candidate Name FASO FOR CONGRESS | Transaction ID : SB23.44169 Amount of Each Disbursement this Period | | | | |
| Senate x | nent For: 2018 Primary General Other (specify) | | Memo Item | | |
| Full Name (Last, First, Middle Initial) - KATKO FOR CONGRESS | | | Date of Disbursement | | |
| Mailing Address PO BOX 133 | | | 09 06 2017 | | |
| City S CAMILLUS Purpose of Disbursement | State Zip Code NY 13031 | 011 | FEC Identification Number C C00556365 Transaction ID : SB23.44158 | | |
| Candidate Name KATKO FOR CONGRESS | | Category/ Type | Amount of Each Disbursement this Period | | |
| Senate | nent For: 2018 Primary General Other (specify) ▼ | | 1000.00 Memo Item | | |
| SUBTOTAL of Disbursements This Page (optional) | | ······· | 3000.00 | | |
| TOTAL This Period (last page this line number only). | | | | | |

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| SCHEDULE B (FEC Form 3X) | | | FOR LINE N | NUMBER: | | PAGE 130 OF 131 |
|---|-----------------------------|--|----------------------------------|----------------------------|-------------------------|--|
| TEMIZED DISBURSEMENTS | | ate schedule(s) | (check only one) | | | |
| | | Summary Page | 21b 28a | 22 28b | 23 28c | 26 27 29 30b |
| And information and discussion in December 1971 | | - | | | | |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | nents may no e and addre | ot be sold or used ess of anv political | a by any perso I committee to | n tor the solicit con | ourpose o tributions | or soliciting contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | The state of the s | | | | |
| MVP Health Care Inc. Federal PAC | <u>.</u> | | | | | |
| Hodin dale me i cucian Ac | • | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| A. PAUL TONKO FOR CONGRESS | | | | Date of | Disburse | ment |
| A STATE OF | | | | 10 16 2017 | | |
| Mailing Address 911 CENTRAL AVENUE PO BOX 221 | | | | 10 | 10 | 2017 |
| | State | Zip Code | | EEC Id | ntification | Number |
| ALBANY | NY | 12206 | | FEC IGE | entification | i ivuilibei |
| Purpose of Disbursement | | | 044 | C C00450049 | | |
| Candidate Name | | [| 011 | | | ID : SB23.44162 |
| | | | Category/ | Amount | of Each | Disbursement this Period |
| PAUL TONKO FOR CONGRESS Office Sought: House Disbursement For: 2018 | | | туре | 1000.00 | | |
| Office Sought: K House Disbursement For: 2018 | | | | | | |
| | Other (speci | | | Mar | no Item | |
| State: NY District: 20 | | | | Iviel | no itelli | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| SEAN PATRICK MALONEY FOR (| CONGRI | ESS | | Date of | Disburse | ment |
| | | | | M = M / D = D / Y = Y = Y | | |
| Mailing Address PO BOX 270 | | | | 09 | 00 | 2017 |
| City | State | Zip Code | | FF0 ! : | | . Niconala a o |
| NEWBURGH | NY | 12550 | | FEC Ide | entification | Number |
| Purpose of Disbursement | | Г | 244 | C | 00051242 | 6 |
| Candidate Name | | [| 011 | | | ID : SB23.44156 |
| SEAN PATRICK MALONEY FOR (| CONGRE | -88 | Category/ Type | Amount | of Each | Disbursement this Period |
| | nent For: 20 | | туре | | | 2500.00 |
| | Primary | General | | | 7 | 7 7 |
| | Other (speci | fy) | Memo Item | | | |
| State: NY District: 18 | | | | IVIEI | no nem | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| TOM REED FOR CONGRESS | | | | Date of | Disburse | |
| Mailing Address PO BOX 10847 | | | | м = м 09 | / D 06 | |
| Maining Address PO BOX 1004/ | | | | 09 | Ü | 2017 |
| City | State | Zip Code | | EEC Ide | entification | Number |
| ROCHESTER | NY | 14610 | | I LO IUE | minicatioi | i ivallibei |
| Purpose of Disbursement | | | 044 | C | C0046403 | 32 |
| Candidate Name | | | | | ID : SB23.44157 | |
| TOM REED FOR CONGRESS | | | Category/ Type | Amount | of Each | Disbursement this Period |
| | nent For: 20 | D18 | туре | | | 1000.00 |
| | Primary | General | | | 7 | 7 |
| | Other (speci | fy) 🔻 | | Me | no Item | |
| State: NY District: 29 | | | | I Iviel | o itelli | |
| | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | ·····• | | | 4500.00 |
| | | | | | | 12000.00 |
| TOTAL This Period (last page this line number only). | | | | | | 12000.00 |

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 131 OF 131 FOR LINE NUMBER: (check only one)

9 **X** 10

| NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC | | | |
|--|---|---------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debto Deluxe Business Checks | Nature of Debt (Purpose): Check Printing | | |
| Mailing Address P.O. Box 742572 | | | |
| City Cincinnati | State OH | Zip Code 45274 | |
| Outstanding Balance Beginning This Period | | | Transaction ID: SD10.4163 |
| Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 7 | 0.00 | 145.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor Media Well Done | or Creditor | | Nature of Debt (Purpose): Advertising |
| Mailing Address 96 Jay Street | | | |
| City Schenectady | State NY | Zip Code 12305 | |
| Outstanding Balance Beginning This Period 338.00 | | | Transaction ID : SD10.4165 |
| Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 | 338.00 |
| C. Full Name (Last, First, Middle Initial) of Debto Mailing Address | | Tip Code | Nature of Debt (Purpose): |
| City | State | Zip Code | |
| Outstanding Balance Beginning This Period Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| 1) SUBTOTALS This Period This Page (optional) | |) | 483.00 |
| 2) TOTALS This Period (last page this line number only) | | | 483.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page o | nly) | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summa | ary Page (last page only) | 483.00 |