



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>  |                         | 67139.34                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 67139.34                |                                   |
| (c) Total Receipts (from Line 19) .....  | 0.00                    | 0.00                              |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 67139.34                | 67139.34                          |
| 7. Total Disbursements (from Line 31).....   | 7000.00                 | 7000.00                           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 60139.34                | 60139.34                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 483.00                  |                                   |

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: 01 / 01 / 2022 To: 03 / 31 / 2022

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

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 7000.00                       | 7000.00                           |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 7000.00                       | 7000.00                           |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7000.00                       | 7000.00                           |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)

**A. CLAUDIA TENNEY FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 15    | / | 2022      |

Mailing Address 28 ROBINSON RD.  
PO BOX 128

FEC Identification Number

**C** C00632828

City CLINTON State NY Zip Code 13323

**Transaction ID : SB23.53429**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

**CLAUDIA TENNEY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

State: NY District: 22

Full Name (Last, First, Middle Initial)

**B. JACOBS, CHRISTOPHER L., , ,**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 15    | / | 2022      |

Mailing Address PO BOX 893

FEC Identification Number

**C** H0NY27090

City HAMBURG State NY Zip Code 14075

**Transaction ID : SB23.53430**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

**JACOBS, CHRISTOPHER L., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

State: NY District: 27

Full Name (Last, First, Middle Initial)

**C. JOE MORELLE FOR CONGRESS**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03    | / | 15    | / | 2022      |

Mailing Address P.O. BOX 90914

FEC Identification Number

**C** C00675108

City ROCHESTER State NY Zip Code 14609

**Transaction ID : SB23.53427**

Purpose of Disbursement

**011**  
Category/  
Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

**JOE MORELLE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Memo Item

State: NY District: 25

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

## A. PAUL TONKO FOR CONGRESS

Mailing Address 911 CENTRAL AVENUE  
PO BOX 221

City ALBANY State NY Zip Code 12206

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
**PAUL TONKO FOR CONGRESS**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  Primary  General  Other (specify) ▼  
 State: NY District: 20

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 15    | / | 2022        |

FEC Identification Number

|   |           |
|---|-----------|
| C | C00450049 |
|---|-----------|

Transaction ID : SB23.53428

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Memo Item

Full Name (Last, First, Middle Initial)

## B.

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

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

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

FEC Identification Number

|   |  |
|---|--|
| C |  |
|---|--|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Memo Item

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

Candidate Name

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

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       | / |       | / |             |

FEC Identification Number

|   |  |
|---|--|
| C |  |
|---|--|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

Memo Item

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

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

|         |
|---------|
| 2500.00 |
|---------|

|         |
|---------|
| 7000.00 |
|---------|

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 8 OF 8                            |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

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

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

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="145.00"/> | <b>Transaction ID : SD10.4163</b>                        |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="145.00"/> |

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

|  |  |  |
|--|--|--|
| Outstanding Balance Beginning This Period<br><input type="text" value="338.00"/> | <b>Transaction ID : SD10.4165</b>                        |  |
| Amount Incurred This Period<br><input type="text" value="0.00"/>                 | Payment This Period<br><input type="text" value="0.00"/> | Outstanding Balance at Close of This Period<br><input type="text" value="338.00"/> |

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

|   |   |   |
|---|---|---|
| Outstanding Balance Beginning This Period<br><input type="text"/> |   |   |
| Amount Incurred This Period<br><input type="text"/>               | Payment This Period<br><input type="text"/> | Outstanding Balance at Close of This Period<br><input type="text"/> |

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