PAGE 1 / 45

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1 011111 031	or Other Than An Author	onzeu committee		Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
MVP Health Care Inc. F	ederal PAC			
ADDRESS (number and street)	625 State Street			
Check if different				
than previously reported. (ACC)	Schenectady		LNY L	12305
2. FEC IDENTIFICATION NUM	MBER ▼ CITY	<b>′</b> ▲	STATE <b>A</b>	ZIP CODE ▲
C C00431429	3. IS	THIS NEW (N) OR		ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M5		0 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (M6		0 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		0 (M4) Jul 20 (M7)		Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	Primary (12P)	General (1	2G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12	2S)
January 31 Year-End Report (YE)	Floation	on/	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	K General (30G)	Runoff (30	R) Special (30S)
Termination Report (TER)	Election	on 11 / 06 /	2018	in the State of
5. Covering Period 10	18 2018	through 11	26	2018
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of n Estey, Jordan, T, ,	my knowledge and belief it is	true, correct and	complete.
Signature of Treasurer  Estey, J	Tordan, T, ,	[Electronically Filed]	Date 12	04 / 2018
NOTE: Submission of false, erroneo	us, or incomplete information	may subject the person signing	this Report to the	penalties of 52 U.S.C. § 3010
Office Use				FEC FORM 3X Rev. 05/2016

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name MVP Health Care Inc. Federal PAC 10 18 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 63943.34 January 1, 2018 (b) Cash on Hand at 56976.34 Beginning of Reporting Period..... 3190.00 25723.00 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 89666.34 60166.34 6(a) and 6(c) for Column B)..... 1000.00 30500.00 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 59166.34 59166.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 483.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From:	18 2018 To	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	2680.00	14400.00
(ii) Unitemized(iii) TOTAL (add	510.00	11323.00
Lines 11(a)(i) and (ii)	3190.00	25723.00
(b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	7 7 7	7 7
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	3190.00	25723.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7- 7- 7- 7-	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	0.00	0.00
(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
D. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	3190.00	25723.00
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)	3190.00	25723.00
(555.50) 2.110 10(0) 110111 2.110 10) 1.11111	4 4	20.2000

#### **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
<ul> <li>Operating Expenditures: –</li> <li>(a) Allocated Federal/Non-Federal</li> <li>Activity (from Schedule H4)</li> </ul>	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	200	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	30500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	4 1 4 1 4 1 4
(use Scriedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
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(b) Federal Election Activity Paid	0.00	0.00
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	30500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1000.00	30500.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC <b>FORM 3X</b> (Rev. 05/2016)		Page <b>5</b>
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)	3190.00	25723.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3190.00	25723.00
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
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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6 OF

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 2018 City Zip Code State Transaction ID: SA11AI.45888 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2018 City State Zip Code Transaction ID: SA11AI.45889 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 23 2018 City Zip Code State Transaction ID: SA11AI.45890 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1440.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City Zip Code State Transaction ID: SA11AI.45901 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 660.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2018 City State Zip Code Transaction ID: SA11AI.45902 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 23 2018 City Zip Code State Transaction ID: SA11AI.45903 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 720.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

Primary

Other (specify)

**X** General

### SCHEDULE A (FEC Form 3X)

45 FOR LINE NUMBER: **PAGE** 8 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 Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2018 City Zip Code State Transaction ID: SA11AI.45904 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 880.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2018 11 City State Zip Code Transaction ID: SA11AI.45905 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 23 2018 City Zip Code State Transaction ID: SA11AI.45906 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018

SUBTOTAL of Receipts This Page (optional)	Ξ	I	,	Ξ	Ī	,	I	12	0.00		
TOTAL This Period (last page this line number only)	_	Ξ	-	_	_	<u></u>	Ξ	Ξ	4	_	

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Aggregate Year-to-Date ▼

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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 Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 2018 City Zip Code State Transaction ID: SA11AI.45910 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 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 2018 City State Zip Code Transaction ID: SA11AI.45911 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 23 2018 City Zip Code State Transaction ID: SA11AI.45912 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: 2018 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

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

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10 OF

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 Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2018 City Zip Code State Transaction ID: SA11AI.45916 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 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 2018 11 City State Zip Code Transaction ID: SA11AI.45917 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 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 23 2018 City Zip Code State Transaction ID: SA11AI.45918 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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 10 2018 City Zip Code State Transaction ID: SA11AI.45919 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1320.00 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 2018 11 City Zip Code State Transaction ID: SA11AI.45920 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 1380.00 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 23 2018 City Zip Code State Transaction ID: SA11AI.45921 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1440.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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

45

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 DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 2018 City Zip Code State Transaction ID: SA11AI.45922 NY Amsterdam 12010 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 2018 City State Zip Code Transaction ID: SA11AI.45923 NY Amsterdam 12010 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 23 2018 City Zip Code State Transaction ID: SA11AI.45924 NY Amsterdam 12010 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: 2018 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

federal political committee.

MVP Health Care

Receipt For: 2018

Name of Employer (for Individual)

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

F	OR	LINE	NU	MBER	:	PAGE	·	13	OF		45		
(0	(check only one)												
	X	11a		11b		11c		12					
		13		14		15		16			17		

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 Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 2018 City Zip Code State Transaction ID: SA11AI.45934 NY Mechanicville 12218 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 220.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 2018 11 City State Zip Code Transaction ID: SA11AI.45935 Mechanicville NY 12218 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) ▼ 230.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 23 2018 City Zip Code State Transaction ID: SA11AI.45936 NY Mechanicville 12218 Amount of Each Receipt this Period FEC ID number of contributing C

Other (specify)					
SUBTOTAL of Receipts This Page (optional)			30.00	)	
TOTAL This Period (last page this line number	· only)			1 70	

Occupation (for Individual)

Director

Aggregate Year-to-Date ▼

10.00

Memo Item

FOR LINE NUMBER: PAGE 14 OF (check only one) **X** 11a 11b 11c

45 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2018 City Zip Code State Transaction ID: SA11AI.45937 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1010.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 2018 11 City State Zip Code Transaction ID: SA11AI.45938 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1060.00 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 23 2018 City Zip Code State Transaction ID: SA11AI.45939 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1110.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

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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 2018 City Zip Code State Transaction ID: SA11AI.45946 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 660.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2018 City State Zip Code Transaction ID: SA11AI.45947 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 690.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 23 2018 City Zip Code State Transaction ID: SA11AI.45948 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 720.00 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 Foster, Christopher, , , Date of Receipt Mailing Address 7 Hickory Lane 2018 City Zip Code State Transaction ID: SA11AI.45952 NY Averill Park 12018 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: 2018 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 10 2018 City State Zip Code Transaction ID: SA11AI.45953 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 09 2018 City Zip Code State Transaction ID: SA11AI.45954 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: 2018 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

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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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 Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2018 City Zip Code State Transaction ID: SA11AI.45955 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 2018 City State Zip Code Transaction ID: SA11AI.45956 Pittsford NY 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 880.00 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 2018 City Zip Code State Transaction ID: SA11AI.45957 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 920.00 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 Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2018 City Zip Code State Transaction ID: SA11AI.45958 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 960.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 10 2018 City State Zip Code Transaction ID: SA11AI.45959 NY Albany 12203 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 CEO/President Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1760.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 09 2018 City Zip Code State Transaction ID: SA11AI.45960 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1840.00 Other (specify) 200.00 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 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 Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 11 2018 City Zip Code State Transaction ID: SA11AI.45961 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO/President MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1920.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 10 2018 City State Zip Code Transaction ID: SA11AI.45965 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 Director Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 09 2018 City Zip Code State Transaction ID: SA11AI.45966 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 Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **X** General 230.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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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 Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 2018 City Zip Code State Transaction ID: SA11AI.45967 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 Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.45974 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 09 2018 City Zip Code State Transaction ID: SA11AI.45975 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: 2018 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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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 Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 2018 City Zip Code State Transaction ID: SA11AI.45976 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 2018 City State Zip Code Transaction ID: SA11AI.45980 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 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 2018 City Zip Code State Transaction ID: SA11AI.45981 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 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 Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 11 2018 City Zip Code State Transaction ID: SA11AI.45985 NY 14450 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 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 2018 City State Zip Code Transaction ID: SA11AI.46007 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 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 09 2018 City Zip Code State Transaction ID: SA11AI.46008 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 11 2018 City Zip Code State Transaction ID: SA11AI.46009 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 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 2018 City State Zip Code Transaction ID: SA11AI.46010 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 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 2018 City Zip Code State Transaction ID: SA11AI.46011 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 690.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2018 City Zip Code State Transaction ID: SA11AI.46012 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 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 2018 City State Zip Code Transaction ID: SA11AI.46016 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: 2018 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 2018 City Zip Code State Transaction ID: SA11AI.46017 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: 2018 Aggregate Year-to-Date ▼ Primary **X** General 230.00 Other (specify)

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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 Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 11 2018 City Zip Code State Transaction ID: SA11AI.46018 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 2018 City State Zip Code Transaction ID: SA11AI.46019 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 09 2018 City Zip Code State Transaction ID: SA11AI.46020 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 1150.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2018 City Zip Code State Transaction ID: SA11AI.46021 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 1200.00 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 2018 City State Zip Code Transaction ID: SA11AI.46022 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 09 2018 City Zip Code State Transaction ID: SA11AI.46023 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 28 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2018 City Zip Code State Transaction ID: SA11AI.46027 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 720.00 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 2018 City State Zip Code Transaction ID: SA11AI.46028 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 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 2018 City Zip Code State Transaction ID: SA11AI.46029 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 2018 City Zip Code State Transaction ID: SA11AI.46030 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 10 2018 City State Zip Code Transaction ID: SA11AI.46034 NY Delmar 12054 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 09 2018 City Zip Code State Transaction ID: SA11AI.46035 NY Delmar 12054 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 40.00 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 Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 2018 City Zip Code State Transaction ID: SA11AI.46036 NY Delmar 12054 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 2018 City State Zip Code Transaction ID: SA11AI.46037 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: 2018 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 2018 City Zip Code State Transaction ID: SA11AI.46038 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: 2018 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 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 11 2018 City Zip Code State Transaction ID: SA11AI.46039 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 10 2018 City State Zip Code Transaction ID: SA11AI.46040 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 09 2018 City Zip Code State Transaction ID: SA11AI.46041 CT Willington 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP, Chief Security Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 50.00 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 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Poole III, James, , , Date of Receipt Mailing Address 96 Spar Road 11 2018 City Zip Code State Transaction ID: SA11AI.46042 Willington CT 06279 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP, Chief Security Officer MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Retajczyk, Lynne, , , Date of Receipt Mailing Address 3039 Williamsburg Drive 10 2018 City State Zip Code Transaction ID: SA11AI.46043 NY Schenectady 12303 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Retajczyk, Lynne, , , Date of Receipt Mailing Address 3039 Williamsburg Drive 09 2018 City Zip Code State Transaction ID: SA11AI.46044 NY Schenectady 12303 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional).....

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## SCHEDULE A (FEC Form 3X)

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34 OF ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 13 14 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. Federa	al PAC			
Full Name of Individual (Last, First, Middle <b>A.</b> Retajczyk, Lynne, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 3039 Williamsburg Drive		11 23 2018		
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.46045  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	10.00		
Name of Employer (for Individual)  MVP Health Care				
Receipt For: 2018  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00			
Full Name of Individual (Last, First, Middle Roohan, Patrick, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 1341 Partridge Drive	les de la constant de	10 26 2018		
City Castleton	State Zip Code NY 12033	Transaction ID : SA11AI.46046 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item		
Receipt For: 2018  Primary   General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00			
Full Name of Individual (Last, First, Middle Roohan, Patrick, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 1341 Partridge Drive		11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Castleton	State Zip Code NY 12033	Transaction ID : SA11AI.46047  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item		
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00			
SUBTOTAL of Receipts This Page (optional)	)	70.00		
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2018 City Zip Code State Transaction ID: SA11AI.46048 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 270.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.46055 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 09 2018 City Zip Code State Transaction ID: SA11AI.46056 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 460.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... \_\_\_

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Santiago, Mark, , , Date of Receipt Mailing Address 23 Lees Way 2018 City Zip Code State Transaction ID: SA11AI.46057 NY Hopewell Junction 12533 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 10 2018 City State Zip Code Transaction ID: SA11AI.46061 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 09 2018 City Zip Code State Transaction ID: SA11AI.46062 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 40.00 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 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 Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2018 City Zip Code State Transaction ID: SA11AI.46063 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.46073 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: 2018 Aggregate Year-to-Date ▼ **∡** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 09 2018 City Zip Code State Transaction ID: SA11AI.46074 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: 2018 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 Detailed 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 2018 City Zip Code State Transaction ID: SA11AI.46075 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.46079 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 09 2018 City Zip Code State Transaction ID: SA11AI.46080 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 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 Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 2018 City Zip Code State Transaction ID: SA11AI.46081 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 10 2018 City State Zip Code Transaction ID: SA11AI.46082 NY Schenectady 12303 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 09 2018 City Zip Code State Transaction ID: SA11AI.46083 NY Schenectady 12303 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: 2018 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)..... \_\_\_

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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 Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 2018 City Zip Code State Transaction ID: SA11AI.46084 NY Schenectady 12303 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 2018 City State Zip Code Transaction ID: SA11AI.46091 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 09 2018 City Zip Code State Transaction ID: SA11AI.46092 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: 2018 Aggregate Year-to-Date ▼ Primary **✗** General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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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 Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 2018 City Zip Code State Transaction ID: SA11AI.46093 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: 2018 Aggregate Year-to-Date ▼ Primary ✗ General 240.00 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 10 2018 City State Zip Code Transaction ID: SA11AI.46094 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: 2018 Aggregate Year-to-Date ▼ **✗** General Primary Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Wild, Joseph, , , Date of Receipt Mailing Address 2040 Mill Road 09 2018 City Zip Code State Transaction ID: SA11AI.46095 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: 2018 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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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name of Individual (Last, First, Middle Ir Zdunczyk, Gale, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 7 Cypress Street		11 23 2018
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.46102  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	10.00	
Name of Employer (for Individual) MVP Health Care	Memo Item	
Receipt For: 2018  Primary   General  Other (specify) ▼		
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address	M M / D D / Y Y Y Y	
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	10.00
TOTAL This Period (last page this line number	r only)	2680.00

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		rate schedule(s)	FOR LINE (check only	1b 22 <b>x</b> 23 26 27				
DIODONOLINEIVIO		category of the Summary Page	21b 28a					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	<b>C</b>							
Full Name (Last, First, Middle Initial)  KATKO FOR CONGRESS	Date of Disbursement							
Mailing Address PO BOX 133	10 26 2018							
City CAMILLUS Purpose of Disbursement	State NY	Zip Code 13031		FEC Identification Number				
Candidate Name			011 Category/	C C00556365  Transaction ID : SB23.46109  Amount of Each Disbursement this Period				
KATKO FOR CONGRESS  Office Sought:    Mail	Туре	1000.00 Memo Item						
Full Name (Last, First, Middle Initial)  3.	Date of Disbursement							
Mailing Address								
City		FEC Identification Number						
Purpose of Disbursement  Candidate Name		С						
Office Sought: House Disbursen	Category/ Type	Amount of Each Disbursement this Period						
Senate President State: District:		Memo Item						
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Mailing Address				M M / D D / Y Y Y Y				
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement  Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disburser Senate President	Туре							
State: District:	Other (spec	-/ •		Memo Item				
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)				1000.00				

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

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

45

45 OF

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