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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man An Aut	nonzed committee	Office Use	e Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
MVP Health Care Inc. F	Federal PAC			
ADDRESS (number and street)	625 State Street			
V	<u> </u>			
Check if different than previously reported. (ACC)	Schenectady		NY 12305	
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	- Y ▲	STATE ▲ Z	ZIP CODE A
C C00431429		S THIS NEW (N) O	R AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (N		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M		(Non-Election Year Only)
April 15 Quarterly Report (Q1	,	20 (M4) Jul 20 (M		Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3	·	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE	Electic	on on		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on on	/ Y = Y = Y	in the State of
5. Covering Period 07	01 2019	through 12		9
I certify that I have examined this Type or Print Name of Treasurer	Report and to the best of Estey, Jordan, T, ,	my knowledge and belief it is	s true, correct and complete	Э.
Signature of Treasurer Estey,	Jordan, T, ,	[Electronically Filed]	Date 11 24	2020
NOTE: Submission of false, erroned	ous, or incomplete informatio	n may subject the person signir	ng this Report to the penaltie	s of 52 U.S.C. § 30109
Office Use				FORM 3X ev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

ı FEC Fo r	m 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Co	ommittee Name		
MVP Health	Care Inc. Federal P	AC	
Report Covering	the Period: From:	07 01 / 2019 To	o: 12 31 / 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Janu	Hand y y y y y y y y y y y y y y y y y y y		60366.34
(b) Cash on Beginning	Hand at g of Reporting Period	56116.34	
	eeipts (from Line 19)	13050.00	27300.00
6(c) for ((add Lines 6(b) and Column A and Lines 6(c) for Column B)	69166.34	87666.34
7. Total Disburse	ements (from Line 31)	5000.00	23500.00
8. Cash on Han- Reporting Per (subtract Line		64166.34	64166.34
the Committee	oligations Owed TO De (Itemize all on nd/or Schedule D)	0.00	
the Committee	oligations Owed BY e (Itemize all on nd/or Schedule D)	483.00	
This comm	nittee has qualified as a mult	icandidate 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 PA	MVP	Health	Care	Inc.	Federal	PAC
---------------------------------	-----	--------	------	------	---------	-----

Report Covering the Period: From:	01 2019	To: 12 31 2019
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)	9730.00	15190.00
(ii) Unitemized	3320.00	11110.00
(iii) TOTAL (add	4 4	4 4
Lines 11(a)(i) and (ii)▶	13050.00	26300.00
(I) P	0.00	0.00
(b) Political Party Committees	0.00	3.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines	4 4	42 42
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	13050.00	26300.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
All Loans neceived		4 4
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	4 4	4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	1000.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds (a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(Horri Corlocatio Flo)	4 4 4	4 3.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill Fullus (IIOIII Schedule FIS)		4 4
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	4 4	1 4 1 4 1 4
Total Receipts (add Lines 11(d),		and the second s
12, 13, 14, 15, 16, 17, and 18(c))▶	13050.00	27300.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	13050.00	27300.00

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		
I. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	1000 1110 1 01100	Galeridai Teal-to-Date		
(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	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	5000.00	23500.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	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	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	1 1 1 1 1 1 1 1		
	0.00	0.00		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000 00	23500.00		
Total Federal Disbursements	5000.00	23300.00		
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	5000.00	23500.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13050.00	26300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13050.00	26300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s)

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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 Austen, Karla,,, Date of Receipt Mailing Address 25 Carriage House Lane 2019 City Zip Code State Transaction ID: SA11AI.50570 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: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 19 2019 City State Zip Code Transaction ID: SA11AI.50571 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 02 2019 City Zip Code State Transaction ID: SA11AI.50572 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: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s)

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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 Austen, Karla,,, Date of Receipt Mailing Address 25 Carriage House Lane 2019 City Zip Code State Transaction ID: SA11AI.50579 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: Aggregate Year-to-Date ▼ Primary General 1380.00 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 2019 City State Zip Code Transaction ID: SA11AI.50580 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 06 2019 City Zip Code State Transaction ID: SA11AI.50581 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: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Other (specify) ▼	4	210.00	
Full Name of Individual (Last, First, Middle In Bourgault, Steven, , , Mailing Address 3089 NY-43 City Averill Park FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State NY C	Zip Code 12018 ation (for Individual) Leader ar-to-Date ▼	Date of Receipt 10 25 2019 Transaction ID: SA11AI.50617 Amount of Each Receipt this Period 10.00 Memo Item
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FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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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 Bourgault, Steven, , , Date of Receipt Mailing Address 3089 NY-43 2019 City Zip Code State Transaction ID: SA11AI.50621 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 Senior Leader Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 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 05 2019 City State Zip Code Transaction ID: SA11AI.50622 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 19 2019 City Zip Code State Transaction ID: SA11AI.50623 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: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2019 13 City Zip Code State Transaction ID: SA11AI.50627 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: Aggregate Year-to-Date ▼ Primary General 570.00 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 2019 City State Zip Code Transaction ID: SA11AI.50628 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 11 2019 City Zip Code State Transaction ID: SA11AI.50629 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: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 15 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 2019 City Zip Code State Transaction ID: SA11AI.50630 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: 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 2019 11 City State Zip Code Transaction ID: SA11AI.50631 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: Aggregate Year-to-Date ▼ Primary General 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 22 2019 City Zip Code State Transaction ID: SA11AI.50632 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: 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 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2019 City Zip Code State Transaction ID: SA11AI.50633 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: Aggregate Year-to-Date ▼ Primary General 750.00 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 2019 City State Zip Code Transaction ID: SA11AI.50634 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 780.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 05 2019 City Zip Code State Transaction ID: SA11AI.50635 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: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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116 Use separate schedule(s) for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 19 2019 City Zip Code State Transaction ID: SA11AI.50636 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: Aggregate Year-to-Date ▼ Primary General 600.00 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 2019 City State Zip Code Transaction ID: SA11AI.50637 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 640.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 16 2019 City Zip Code State Transaction ID: SA11AI.50638 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: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 2019 City Zip Code State Transaction ID: SA11AI.50671 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: Aggregate Year-to-Date ▼ Primary General 240.00 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 2019 City State Zip Code Transaction ID: SA11AI.50672 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Colin, Wendy, , , Date of Receipt Mailing Address 985 Victor Road 20 2019 City Zip Code State Transaction ID: SA11AI.50673 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: Aggregate Year-to-Date ▼ Primary General 260.00 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 Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2019 City Zip Code State Transaction ID: SA11AI.50687 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: Aggregate Year-to-Date ▼ Primary General 560.00 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 19 2019 City State Zip Code Transaction ID: SA11AI.50688 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 02 2019 City Zip Code State Transaction ID: SA11AI.50689 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: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 16 2019 City Zip Code State Transaction ID: SA11AI.50690 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: Aggregate Year-to-Date ▼ Primary General 680.00 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 2019 City State Zip Code Transaction ID: SA11AI.50691 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 13 2019 City Zip Code State Transaction ID: SA11AI.50692 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: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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MVP Health Care

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 13 2019 City Zip Code State Transaction ID: SA11AI.50705 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 09 2019 City State Zip Code Transaction ID: SA11AI.50706 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 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 10 11 2019 City Zip Code State Transaction ID: SA11AI.50707 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: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the Detailed Summary Page 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 2019 City Zip Code State Transaction ID: SA11AI.50708 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) **Chief Operating Officer** MVP Health Care Receipt For: 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 80 2019 11 City State Zip Code Transaction ID: SA11AI.50709 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: Aggregate Year-to-Date ▼ Primary General 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 22 2019 City Zip Code State Transaction ID: SA11AI.50710 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: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) 180.00 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 Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 2019 City Zip Code State Transaction ID: SA11AI.50711 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **Chief Operating Officer** MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 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 2019 City State Zip Code Transaction ID: SA11AI.50712 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 1560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 10 11 2019 City Zip Code State Transaction ID: SA11AI.50720 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: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 130.00 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 DeSorbo, Todd, , , Date of Receipt Mailing Address 420 Fort Hunter Road 2019 City Zip Code State Transaction ID: SA11AI.50721 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: 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 2019 11 City State Zip Code Transaction ID: SA11AI.50722 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: Aggregate Year-to-Date ▼ Primary General 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 22 2019 City Zip Code State Transaction ID: SA11AI.50723 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: 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

B.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

116 FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c 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 2019 City State Zip Code Transaction ID: SA11AI.50724 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

Full Name of Individual (Last, First, Middle In DeSorbo, Todd, , ,	Date of Receipt		
Mailing Address 420 Fort Hunter Road			12 20 2019 _
City	State	Zip Code	Transaction ID : SA11Al.50725
Amsterdam	NY	12010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	10.00		
Name of Employer (for Individual) MVP Health Care	Occupa Directo	ation (for Individual) or	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle In			

C. Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 10 11 2019 City State Zip Code Transaction ID: SA11AI.50772 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: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify)

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

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

30.00

FOR LINE NUMBER: PAGE 34 OF 116 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c 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

<u> </u>	Tor commercial purposes, other than using the h	anno una udan	coo or any pontiour committee to	Conort Contributions from Guori Confinitition.		
\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC .				
۸.	Full Name of Individual (Last, First, Middle Initia Endres, Bill, , , Mailing Address 336 Farm to Market Road City Mechanicville FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY	Zip Code 12218 tion (for Individual)	Date of Receipt 10 25 2019 Transaction ID : SA11AI.50773 Amount of Each Receipt this Period 10.00 Memo Item		
3.	Primary General Other (specify) ▼	State NY C Occupa Directo Aggregate Yea	Zip Code 12218 Ition (for Individual) or ar-to-Date ▼ 230.00	Date of Receipt M M M / 08 / 2019 Transaction ID : SA11Al.50774 Amount of Each Receipt this Period 10.00 Memo Item		
.	Full Name of Individual (Last, First, Middle Initia Endres, Bill, , , Mailing Address 336 Farm to Market Road City Mechanicville FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State NY	Zip Code 12218 tion (for Individual)	Date of Receipt M M M / 22 / 2019 Transaction ID: SA11AI.50775 Amount of Each Receipt this Period 10.00 Memo Item		
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	30.00		
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35 OF 116 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 Endres, Bill, , , Date of Receipt Mailing Address 336 Farm to Market Road 2019 City Zip Code State Transaction ID: SA11AI.50776 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: Aggregate Year-to-Date ▼ Primary General 250.00 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 2019 City State Zip Code Transaction ID : SA11AI.50777 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 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 05 2019 City Zip Code State Transaction ID: SA11AI.50778 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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36 OF 116 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 19 2019 City Zip Code State Transaction ID: SA11AI.50779 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 810.00 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 2019 City State Zip Code Transaction ID: SA11AI.50780 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 880.00 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 16 2019 City Zip Code State Transaction ID: SA11AI.50781 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional).....

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		any person for the purpose of soliciting contributions mmittee 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 Estey, Jordan, T, , Mailing Address 37 Campus Club Drive	Initial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.50782
Guilderland	NY 12084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
MVP Health Care	Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.0	00
Full Name of Individual (Last, First, Middle Estey, Jordan, T, , Mailing Address 37 Campus Club Drive	e Initial) or Full Organization Name	Date of Receipt
<u>·</u>		09 13 2019
City	State Zip Code	Transaction ID : SA11AI.50783
Guilderland	NY 12084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.	00
Full Name of Individual (Last, First, Middle C. Estey, Jordan, T, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 37 Campus Club Drive		09 27 2019
City	State Zip Code	Transaction ID : SA11AI.50784
Guilderland	NY 12084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	1160.	00
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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 Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2019 City Zip Code State Transaction ID: SA11AI.50785 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 10 2019 City State Zip Code Transaction ID: SA11AI.50786 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 80 2019 City State Zip Code Transaction ID: SA11AI.50787 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1370.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional).....

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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 Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2019 City Zip Code State Transaction ID: SA11AI.50788 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 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 2019 City State Zip Code Transaction ID: SA11AI.50789 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1510.00 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 20 2019 City State Zip Code Transaction ID: SA11AI.50790 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1580.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2019 City Zip Code State Transaction ID: SA11AI.50830 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: Aggregate Year-to-Date ▼ Primary General 420.00 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 2019 City State Zip Code Transaction ID: SA11AI.50831 Cortlandt Manor NY 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 02 2019 City Zip Code State Transaction ID: SA11AI.50832 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: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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FEC ID number of contributing

federal political committee.

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	MVP Health Care	VP	ation (for individual)	Wellio Itelli
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 540.00	
C.	Full Name of Individual (Last, First, Middle In Flor, Ian, , , Mailing Address 144 Watch Hill Road	itial) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Cortlandt Manor	State NY	Zip Code 10567	Transaction ID : SA11AI.50835 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	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 570.00	
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Amount of Each Receipt this Period

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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 2019 City Zip Code State Transaction ID: SA11AI.50839 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: Aggregate Year-to-Date ▼ Primary General 690.00 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 2019 City State Zip Code Transaction ID: SA11AI.50840 Cortlandt Manor NY 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 06 2019 City Zip Code State Transaction ID: SA11AI.50841 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: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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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 Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2019 City Zip Code State Transaction ID: SA11AI.50842 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: Aggregate Year-to-Date ▼ Primary General 780.00 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 2019 City State Zip Code Transaction ID: SA11AI.50850 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 10 25 2019 City State Zip Code Transaction ID: SA11AI.50851 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: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 50.00 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 Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 11 2019 City Zip Code State Transaction ID: SA11AI.50852 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 11 City State Zip Code Transaction ID: SA11AI.50853 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 06 2019 City State Zip Code Transaction ID: SA11AI.50854 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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 Gauci, Michael, , , Date of Receipt Mailing Address 861 Central Parkway 2019 City Zip Code State Transaction ID: SA11AI.50855 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: Aggregate Year-to-Date ▼ Primary General 260.00 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 2019 City State Zip Code Transaction ID: SA11AI.50856 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 19 2019 City Zip Code State Transaction ID: SA11AI.50857 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: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 2019 City Zip Code State Transaction ID: SA11AI.50858 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: Aggregate Year-to-Date ▼ Primary General 640.00 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 16 2019 City State Zip Code Transaction ID: SA11AI.50859 NY Pittsford 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 30 2019 City Zip Code State Transaction ID: SA11AI.50860 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: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 13 2019 City Zip Code State Transaction ID: SA11AI.50861 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: Aggregate Year-to-Date ▼ Primary General 760.00 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 2019 City State Zip Code Transaction ID: SA11AI.50862 NY Pittsford 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 11 2019 City Zip Code State Transaction ID: SA11AI.50863 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: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 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 Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2019 City Zip Code State Transaction ID: SA11AI.50864 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: Aggregate Year-to-Date ▼ Primary General 880.00 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 2019 City State Zip Code Transaction ID: SA11AI.50865 NY Pittsford 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 920.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 22 2019 City Zip Code State Transaction ID: SA11AI.50866 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: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name of Individual (Last, First, Middle In Gonick, Denise, , , Mailing Address 332 Torquay Blvd. City Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12203 C Occupation (for Individual) CEO/President Aggregate Year-to-Date ▼ 1200.00	Date of Receipt O7 19 2019 Transaction ID: SA11AI.50870 Amount of Each Receipt this Period 80.00 Memo Item
Full Name of Individual (Last, First, Middle In Gonick, Denise, , , Mailing Address 332 Torquay Blvd. City Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12203 C Occupation (for Individual) CEO/President Aggregate Year-to-Date ▼	Date of Receipt 08 02 2019 Transaction ID: SA11Al.50871 Amount of Each Receipt this Period 80.00 Memo Item
Full Name of Individual (Last, First, Middle In Gonick, Denise, , , Mailing Address 332 Torquay Blvd. City Albany FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12203 C Occupation (for Individual) CEO/President Aggregate Year-to-Date 1360.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.50872 Amount of Each Receipt this Period 80.00 Memo Item
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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. 2019 City Zip Code State Transaction ID: SA11AI.50873 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: Aggregate Year-to-Date ▼ Primary General 1440.00 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 2019 City State Zip Code Transaction ID: SA11AI.50894 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 10 25 2019 City Zip Code State Transaction ID: SA11AI.50895 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: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

FOR LINE NUMBER: PAGE 53 OF 116 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 11 2019 City Zip Code State Transaction ID: SA11AI.50896 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 11 City State Zip Code Transaction ID: SA11AI.50897 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 06 2019 City Zip Code State Transaction ID: SA11AI.50898 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Greenberg, Melissa, , , Date of Receipt Mailing Address 15 Swan Place 2019 City Zip Code State Transaction ID: SA11AI.50899 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: Aggregate Year-to-Date ▼ Primary General 260.00 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 2019 City State Zip Code Transaction ID: SA11AI.50923 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 10 25 2019 City Zip Code State Transaction ID: SA11AI.50924 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: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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55 OF 116 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 Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 11 2019 City Zip Code State Transaction ID: SA11AI.50925 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 11 City State Zip Code Transaction ID: SA11AI.50926 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Harding, Daniel, , , Date of Receipt Mailing Address 125 Twenty West Drive 06 2019 City Zip Code State Transaction ID: SA11AI.50927 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and 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 Himelstein, Bruce, , , Date of Receipt Mailing Address 1282 Ruffner Road 2019 City Zip Code State Transaction ID: SA11AI.50946 NY Niskayuna 12309 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) Chief Medical Officer MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Himelstein, Bruce, , , Date of Receipt Mailing Address 1282 Ruffner Road 09 13 2019 City State Zip Code Transaction ID: SA11AI.50947 NY Niskayuna 12309 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 Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Himelstein, Bruce, , , Date of Receipt Mailing Address 1282 Ruffner Road 2019 City State Zip Code Transaction ID: SA11AI.50948 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Occupation (for Individual) Name of Employer (for Individual) MVP Health Care **Chief Medical Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 180.00 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 Himelstein, Bruce, , , Date of Receipt Mailing Address 1282 Ruffner Road 2019 City Zip Code State Transaction ID: SA11AI.50949 NY Niskayuna 12309 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) Chief Medical Officer MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Himelstein, Bruce, , , Date of Receipt Mailing Address 1282 Ruffner Road 10 2019 City State Zip Code Transaction ID: SA11AI.50950 NY Niskayuna 12309 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 Medical Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Himelstein, Bruce, , , Date of Receipt Mailing Address 1282 Ruffner Road 80 2019 City Zip Code State Transaction ID: SA11AI.50951 NY Niskayuna 12309 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 Medical Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 2019 City Zip Code State Transaction ID: SA11AI.51069 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 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 12 2019 06 City State Zip Code Transaction ID: SA11AI.51070 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 12 20 2019 City Zip Code State Transaction ID: SA11AI.51071 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: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2019 City Zip Code State Transaction ID: SA11AI.51072 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: Aggregate Year-to-Date ▼ Primary General 420.00 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 07 19 2019 City State Zip Code Transaction ID: SA11AI.51073 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 02 2019 City Zip Code State Transaction ID: SA11AI.51074 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: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 16 2019 City Zip Code State Transaction ID: SA11AI.51075 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 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 2019 City State Zip Code Transaction ID: SA11AI.51076 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 13 2019 City Zip Code State Transaction ID: SA11AI.51077 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: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2019 City Zip Code State Transaction ID: SA11AI.51078 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 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 2019 City State Zip Code Transaction ID: SA11AI.51079 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 630.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 10 25 2019 City Zip Code State Transaction ID: SA11AI.51080 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: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 11 2019 City Zip Code State Transaction ID: SA11AI.51081 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: Aggregate Year-to-Date ▼ Primary General 690.00 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 2019 11 City State Zip Code Transaction ID: SA11AI.51082 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 06 2019 City Zip Code State Transaction ID: SA11AI.51083 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: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2019 City Zip Code State Transaction ID: SA11AI.51084 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 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 2019 City State Zip Code Transaction ID: SA11AI.51105 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 10 25 2019 City Zip Code State Transaction ID: SA11AI.51106 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: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 50.00 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 Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 11 2019 City Zip Code State Transaction ID: SA11AI.51107 14564 NY 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 11 City State Zip Code Transaction ID: SA11AI.51108 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 06 2019 City Zip Code State Transaction ID: SA11AI.51109 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ____

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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 Merola, Jason, , , Date of Receipt Mailing Address 236 Haywood Gln 2019 20 City State Zip Code Transaction ID: SA11AI.51110 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) Regional Medical Director MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 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 07 05 2019 City State Zip Code Transaction ID: SA11AI.51111 Rochester NY 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: Aggregate Year-to-Date ▼ C

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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 Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2019 City Zip Code State Transaction ID: SA11AI.51113 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: Aggregate Year-to-Date ▼ Primary General 800.00 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 16 2019 City State Zip Code Transaction ID: SA11AI.51114 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 850.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 30 2019 City Zip Code State Transaction ID: SA11AI.51115 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: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 13 2019 City Zip Code State Transaction ID: SA11AI.51116 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: Aggregate Year-to-Date ▼ Primary General 950.00 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 09 2019 City State Zip Code Transaction ID: SA11AI.51117 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 10 11 2019 City Zip Code State Transaction ID: SA11AI.51118 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: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2019 City Zip Code State Transaction ID: SA11AI.51119 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: Aggregate Year-to-Date ▼ Primary General 1100.00 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 80 2019 11 City State Zip Code Transaction ID: SA11AI.51120 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 1150.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 22 2019 City Zip Code State Transaction ID: SA11AI.51121 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: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2019 City Zip Code State Transaction ID: SA11AI.51122 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: Aggregate Year-to-Date ▼ Primary General 1250.00 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 2019 City State Zip Code Transaction ID: SA11AI.51123 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 1300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Molloy, Peter, , , Date of Receipt Mailing Address 84 York Avenue 10 11 2019 City Zip Code State Transaction ID : SA11AI.51131 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: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 110.00 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 Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2019 City Zip Code State Transaction ID: SA11AI.51141 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: Aggregate Year-to-Date ▼ Primary General 360.00 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 09 13 2019 City State Zip Code Transaction ID: SA11AI.51142 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 380.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2019 City Zip Code State Transaction ID: SA11AI.51143 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: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 2019 City Zip Code State Transaction ID: SA11AI.51170 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: Aggregate Year-to-Date ▼ Primary General 210.00 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 2019 City State Zip Code Transaction ID: SA11AI.51171 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: Aggregate Year-to-Date ▼ Primary General 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 80 2019 City Zip Code State Transaction ID: SA11AI.51172 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: 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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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 Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 2019 City Zip Code State Transaction ID: SA11AI.51173 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: Aggregate Year-to-Date ▼ Primary General 240.00 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 2019 City State Zip Code Transaction ID: SA11AI.51174 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mulvey, Brian, , , Date of Receipt Mailing Address 8 Glendale Avenue 20 2019 City Zip Code State Transaction ID: SA11AI.51175 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: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify)

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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 Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 2019 City Zip Code State Transaction ID: SA11AI.51183 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: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Odorizzi, Richard, , , Date of Receipt Mailing Address 71 East Claremont Drive 10 2019 City State Zip Code Transaction ID: SA11AI.51184 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: Aggregate Year-to-Date ▼ Primary General 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 80 2019 City Zip Code State Transaction ID: SA11AI.51185 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: 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 P	AC		
Full Name of Individual (Last, First, Middle Inition Odorizzi, Richard, , , Mailing Address 71 East Claremont Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) Other (specify)	State NY C Occ VP Aggregate	Zip Code 12186 upation (for Individual) Year-to-Date ▼	Date of Receipt 11 22 2019 Transaction ID : SA11AI.51186 Amount of Each Receipt this Period 10.00 Memo Item
Full Name of Individual (Last, First, Middle Initial Odorizzi, Richard, , , Mailing Address 71 East Claremont Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C	Zip Code 12186 supation (for Individual) Year-to-Date ▼ 250.00	Date of Receipt 12 06 2019 Transaction ID : SA11AL51187 Amount of Each Receipt this Period 10.00 Memo Item
Full Name of Individual (Last, First, Middle Inition Odorizzi, Richard, , , Mailing Address 71 East Claremont Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	State NY C	Zip Code 12186 upation (for Individual) Year-to-Date ▼ 260.00	Date of Receipt 12 20 2019 Transaction ID: SA11AI.51188 Amount of Each Receipt this Period 10.00 Memo Item
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MVP Health Care

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FOR LINE NUMBER: PAGE 96 OF 116 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 Retajczyk, Lynne, , , Date of Receipt Mailing Address 3039 Williamsburg Drive 2019 City Zip Code State Transaction ID: SA11AI.51196 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: Aggregate Year-to-Date ▼ Primary General 210.00 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 2019 City State Zip Code Transaction ID: SA11AI.51197 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: Aggregate Year-to-Date ▼ Primary General 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 80 2019 City Zip Code State Transaction ID: SA11AI.51198 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)

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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 Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2019 11 City State Zip Code Transaction ID: SA11AI.51211 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: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 11 2019 City State Zip Code Transaction ID: SA11AI.51212 Castleton NY 12033 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: Aggregate Year-to-Date ▼ Primary General C.

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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 2019 City Zip Code State Transaction ID: SA11AI.51263 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: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2019 City State Zip Code Transaction ID: SA11AI.51264 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 06 2019 City Zip Code State Transaction ID: SA11AI.51265 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sax, Ellen, , , Date of Receipt Mailing Address 510 Broadway 2019 City Zip Code State Transaction ID: SA11AI.51266 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: Aggregate Year-to-Date ▼ Primary General 260.00 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 2019 City State Zip Code Transaction ID: SA11AI.51305 Slingerlands NY 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 10 25 2019 City Zip Code State Transaction ID: SA11AI.51306 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: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2019 City Zip Code State Transaction ID: SA11AI.51307 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 City State Zip Code Transaction ID: SA11AI.51308 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 06 2019 City Zip Code State Transaction ID: SA11AI.51309 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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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 Smith, Kelly, , , Date of Receipt Mailing Address 632 Vanderlyn Lane 2019 City Zip Code State Transaction ID: SA11AI.51310 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: Aggregate Year-to-Date ▼ Primary General 260.00 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 2019 City State Zip Code Transaction ID: SA11AI.51331 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 10 25 2019 City Zip Code State Transaction ID: SA11AI.51332 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: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 11 2019 City Zip Code State Transaction ID: SA11AI.51333 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 11 City State Zip Code Transaction ID: SA11AI.51334 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 06 2019 City Zip Code State Transaction ID: SA11AI.51335 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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 Titsworth, Emily, , , Date of Receipt Mailing Address 1394 Dean Street 2019 City Zip Code State Transaction ID: SA11AI.51336 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) VP, Deputy General Counsel MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 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 2019 City State Zip Code Transaction ID: SA11AI.51375 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: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 10 25 2019 City Zip Code State Transaction ID: SA11AI.51376 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: Aggregate Year-to-Date ▼ Primary General 220.00 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 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 2019 City Zip Code State Transaction ID: SA11AI.51377 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: Aggregate Year-to-Date ▼ Primary General 230.00 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 2019 City State Zip Code Transaction ID: SA11AI.51378 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Viscusi, Rico, , , Date of Receipt Mailing Address 234 Autumn Run 06 2019 City Zip Code State Transaction ID: SA11AI.51379 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: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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PAGE 110 OF 116 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 I Viscusi, Rico, , , Mailing Address 234 Autumn Run	Date of Receipt		
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.51380 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) MVP Health Care	Occupa Directo	ntion (for Individual) r	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 260.00	
Full Name of Individual (Last, First, Middle II Wild, Joseph, , , Mailing Address 2040 Mill Road	nitial) or Full Orga	unization Name	Date of Receipt
City West Falls	State NY	Zip Code 14170	Transaction ID : SA11AI.51388 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) MVP Health Care	Occupa Directo	ation (for Individual) or	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 210.00	
Full Name of Individual (Last, First, Middle I. Wild, Joseph, , ,	nitial) or Full Orga	nization Name	Date of Receipt
Mailing Address 2040 Mill Road City	State	Zip Code	10 25 2019 Transaction ID : SA11Al.51389
West Falls	NY	14170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		10.00
Name of Employer (for Individual) MVP Health Care	Directo		Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)		>	30.00
TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X) IT

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	11b	11c	12	17
ly information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , ,				_		

	Statements may not be sold or used by any pers				
or for commercial purposes, other than using the	ne name and address of any political committee to				
MVP Health Care Inc. Federal	PAC				
Full Name of Individual (Last, First, Middle Ir Wild, Joseph, , , Mailing Address 2040 Mill Road	Date of Receipt				
wanning Address ZU40 Milli K080		11 08 2019			
City Woot Falls	State Zip Code NY 14170	Transaction ID : SA11AI.51390			
West Falls FEC ID number of contributing federal political committee.	C 14170	Amount of Each Receipt this Period			
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	Memo Item			
Receipt For: Primary General Other (specify) ▼	Receipt For: Primary General Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle In Wild, Joseph, , , Mailing Address 2040 Mill Road	nitial) or Full Organization Name	Date of Receipt			
		11 22 2019			
City West Falls	State Zip Code NY 14170	Transaction ID : SA11AI.51391			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 2040 Mill Road		12 06 2019			
City West Falls	State Zip Code NY 14170	Transaction ID : SA11AI.51392 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	Occupation (for Individual) Director	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)	>	30.00			
TOTAL This Period (last page this line number	r only)				

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

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

PAGE 112 OF 116 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 Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 2019 City Zip Code State Transaction ID: SA11AI.51413 NY Albany 12205 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 10 2019 City State Zip Code Transaction ID: SA11AI.51414 NY Albany 12205 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 80 2019 City Zip Code State Transaction ID: SA11AI.51415 NY Albany 12205 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s)

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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 Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 2019 City Zip Code State Transaction ID: SA11AI.51416 NY Albany 12205 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 12 2019 City State Zip Code Transaction ID: SA11AI.51417 NY Albany 12205 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Zdunczyk, Gale, , , Date of Receipt Mailing Address 7 Cypress Street 20 2019 City Zip Code State Transaction ID: SA11AI.51418 NY Albany 12205 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 Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 9730.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		e schedule(s)	FOR LINE NUMBER: PAGE 114 OF 116 (check only one)				
	Detailed Sum	for each category of the Detailed Summary Page 21b			26 27 c 29 30b		
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		.,	- 13				
Full Name (Last, First, Middle Initial) A. BRIAN HIGGINS FOR CONGRES		Date of Disbur	sement				
Mailing Address P.O. BOX 28				08	22 2019		
City BUFFALO Purpose of Disbursement		ip Code 14220		FEC Identificat			
Candidate Name			011 Category/		on ID : SB23.48107 ch Disbursement this Period		
	nent For: 2020 Primary Other (specify)	General	Туре	Memo Iten	1000.00 n		
Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS				Date of Disbursement			
Mailing Address PO BOX 338	N-1	0 :		08 22 2019			
WILLSBORO Purpose of Disbursement		ip Code 12996	011	FEC Identification Number C C00547893 Transaction ID : SB23.48106			
	nent For: 2020	0 General	Category/ Type		th Disbursement this Period		
	Other (specify)			Memo Iten	n 		
Full Name (Last, First, Middle Initial) C. KATKO FOR CONGRESS				Date of Disbur	rsement		
Mailing Address PO BOX 133				08	22 2019		
City CAMILLUS Purpose of Disbursement	1 '	ip Code 13031		FEC Identificat			
Candidate Name KATKO FOR CONGRESS	011 Category/ Type		on ID: SB23.48108 ch Disbursement this Period				
Office Sought: House Disbursen		Memo Iten	1000.00 n				
State: NY District: 24					3000.00		
TOTAL This Period (last page this line number only)				7	3000.00		

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SCHEDULE B (FEC Form 3X)		FOR LINE	R LINE NUMBER: PAGE 115 OF 116				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliy	00				
	Detailed Summary Page	21b	22 x 23	26 27 20 20b			
		28a	28b 28c	29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC	· 						
Full Name (Last, First, Middle Initial)			D (D) . l				
A. PAUL TONKO FOR CONGRESS		Date of Disbursement					
Mailing Address 911 CENTRAL AVENUE PO BOX 221			08 22	2019			
,	State Zip Code NY 12206		FEC Identification Nu	mber			
ALBANY Purpose of Disbursement	NY 12206		000450040				
r dipose of Disbursement		011	C C00450049				
Candidate Name		Category/	Transaction ID: Amount of Each Disk				
PAUL TONKO FOR CONGRESS		Type	Amount of Lacif Dist	GIOGITICITE TIMO I CHOU			
	nent For: 2020 Primary General		7	1000.00			
President	Other (specify) ▼		Memo Item				
State: NY District: 20			_				
Full Name (Last, First, Middle Initial)			Date of Disbursemen	+			
B. SEAN PATRICK MALONEY FOR (JUNGKESS						
Mailing Address PO BOX 270			08 22 2019				
,	State Zip Code		FEC Identification Nu	mher			
	NY 12550						
Purpose of Disbursement		011	C C00512426				
Candidate Name		011	Transaction ID :				
SEAN PATRICK MALONEY FOR O	CONGRESS	Category/ Type	Amount of Each Disk	oursement this Period			
	nent For: 2020	Туре		1000.00			
	Primary General		4				
	Other (specify)		Mama Itam				
State: NY District: 18			Memo Item				
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursemen	t			
Mailing Address			M M / D D	/ Y Y Y Y			
Mailing Address							
City	State Zip Code		FEC Identification Nu	mber			
Purpose of Disbursement							
F		C					
Candidate Name	Category/ Type	Amount of Each Disk	oursement this Period				
Office Sought: House Disbursem	туре						
Senate		45	4				
President		Memo Item					
State: District:			ivienio item				
SUPTOTAL of Dishuraamenta This Dage (anticare)				2000.00			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	7	7			
TOTAL This Period (last page this line number only).				5000.00			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

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

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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 Payment This Period Outstanding Balance at Close of 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) ▶