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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man An	Additionized Co			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: over the	: If typing, type lines.	12FE4M	5
MVP Health Care Inc.	Federal PAC				
ADDRESS (number and street)	625 State Street				
Chapte if different					
Check if different than previously reported. (ACC)	Schenectady			NY L	12305
2. FEC IDENTIFICATION NU	JMBER ▼	CITY ▲		STATE A	ZIP CODE ▲
C C00431429		3. IS THIS REPORT	x NEW (N) OR		ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5		20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q)1)	Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day		ary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for	the: Conv	rention (12C)	Special (1	(2S)
January 31 Year-End Report (Y		Election on	M / D D /	Y W Y W Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Elect Report for		eral (30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	·		*M / D * D /	YYYY	in the State of
5. Covering Period 01		2019 th	rough 06	30/	2019
I certify that I have examined th	is Report and to the b	est of my knowledg	e and belief it is t	rue, correct and	complete.
Type or Print Name of Treasure	Estey, Jordan, T, ,				
Signature of Treasurer	, Jordan, T, ,	[Elect	tronically Filed]	Date 07	/ 15 / Y Y Y Y Y Y 2019
NOTE: Submission of false, errone	eous, or incomplete info	rmation may subject	the person signing	this Report to th	e penalties of 52 U.S.C. § 30109
Office Use					FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

		FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite o	or Type Committee Name		
Λ	ЛVF	P Health Care Inc. Federal PA	C .	
R	eport	Covering the Period: From:	01	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, 2019		60366.34
	(b)	Cash on Hand at Beginning of Reporting Period	60366.34	
	(c)	Total Receipts (from Line 19)	14250.00	14250.00
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74616.34	74616.34
7.	Tota	al Disbursements (from Line 31)	18500.00	18500.00
8.	Rep	ch on Hand at Close of corting Period cortact Line 7 from Line 6(d))	56116.34	56116.34
9.	the	ots and Obligations Owed TO Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on edule C and/or Schedule D)	483.00	
		This committee has qualified as a multion	candidate 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

N	۸N	/P	Heal	th Car	e Inc	Federa	I PAC
п	V١٧	<i>/</i> Γ	ııcaı	ııı Cai		i cucia	$I \cap A \cup A$

Report Covering the Period:	From: 01	/ 01 / 2019 To	o: 06 30 / Y Y Y Y Y			
I. Receipts	;	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
11. Contributions (other than I						
(a) Individuals/Persons O						
Than Political Commit		5400.00	5400.00			
(i) Itemized (use Sch	edule A)	5460.00	5460.00			
(II) II II II II		7790.00	7790.00			
(ii) Unitemized		7790.00	1790.00			
(iii) TOTAL (add	/"\	13350.00	13250.00			
Lines 11(a)(i) and	(II)	13250.00	10200.00			
(b) Balitical Banto Commi		0.00	0.00			
(b) Political Party Commi		4 0.00	4 4			
(c) Other Political Commi		0.00	0.00			
(such as PACs)(d) Total Contributions (ad		4 4	4 4			
11(a)(iii), (b), and (c))						
Totals to Line 33, pag		13250.00	13250.00			
12. Transfers From Affiliated/C		4				
Party Committees		0.00	0.00			
•		45 45	4			
13. All Loans Received		0.00	0.00			
		4 4	4 - 4			
14. Loan Repayments Receive	ed	0.00	0.00			
15. Offsets To Operating Expe		7 7	7 7			
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, p	page 5)	0.00	0.00			
16. Refunds of Contributions N	- '	7 7 7	29			
to Federal Candidates and	d Other					
Political Committees		1000.00	1000.00			
17. Other Federal Receipts						
(Dividends, Interest, etc.)		0.00	0.00			
18. Transfers from Non-Federa	al and Levin Funds	3 3	4 1 2			
(a) Non-Federal Account						
(from Schedule H3)		0.00	0.00			
(b) Levin Funds (from Sch	nedule H5)	0.00	0.00			
(c) Total Transfers (add 18	3(a) and 18(b))	0.00	0.00			
40. Table Bassis (111)	44(4)					
19. Total Receipts (add Lines	1 1	44250.00	14250 00			
12, 13, 14, 15, 16, 17, an	u 18(c))▶	14250.00	14250.00			
20 Total Fodoral Bassints						
 Total Federal Receipts (subtract Line 18(c) from I 	ine 10)	14250.00	14250.00			
(Subtract Line To(C) IfOffi L	▶	17250.00	14250.00			

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
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I ollou	Galeriuai Teat-lu-Dale
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	18500.00	18500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		45 45 45
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
,	4 4	3.50
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity	(0))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	4 4	4 4
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18500.00	18500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	19500.00	10000.00
	18500.00	18500.00

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)	13250.00	13250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13250.00	13250.00
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) for each category of the Detailed Summary Page

FO	R LINE	PAGE		6	OF		54		
(check only one)									
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	13	14		15		16			17

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 15 City Zip Code State Transaction ID: SA11AI.46283 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 240.00 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.46284 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) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 15 2019 City Zip Code State Transaction ID: SA11AI.46285 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 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

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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.46286 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 420.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46287 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) ▼ 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 26 2019 City Zip Code State Transaction ID: SA11AI.46288 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 540.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

F	FOR LINE NUMBER:					PAGE		8	OF	54
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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 10 City Zip Code State Transaction ID: SA11AI.46289 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 600.00 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 05 2019 City State Zip Code Transaction ID: SA11AI.46290 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) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 07 2019 City Zip Code State Transaction ID: SA11AI.46291 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 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2019 City Zip Code State Transaction ID: SA11AI.46292 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 780.00 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.46338 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) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 12 2019 City Zip Code State Transaction ID: SA11AI.46339 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 240.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 10 OF 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 Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2019 City Zip Code State Transaction ID: SA11AI.46340 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 270.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 10 2019 City State Zip Code Transaction ID: SA11AI.46341 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) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 24 2019 City Zip Code State Transaction ID: SA11AI.46342 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 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

MVP Health Care Receipt For:

C

Primary

General

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2019 City State Zip Code Transaction ID: SA11AI.46343 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 360.00 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 06 2019 City State Zip Code Transaction ID: SA11AI.46344 Rochester NY 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)

Other (specify)		390.00	
Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	Date of Receipt		
Mailing Address 19 Julia Court	03 15 2019		
City	State	Zip Code	Transaction ID : SA11AI.46350
Mahopac	NY	10541	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer (for Individual)		pation (for Individual)	Memo Item
MVP Health Care	EVP		
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 240.00	
			100.00

Aggregate Year-to-Date ▼

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

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 2019 City Zip Code State Transaction ID: SA11AI.46351 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 280.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46352 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) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 26 2019 City Zip Code State Transaction ID: SA11AI.46353 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 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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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 Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2019 City Zip Code State Transaction ID: SA11AI.46357 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 520.00 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 15 2019 City State Zip Code Transaction ID: SA11AI.46403 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) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 29 2019 City Zip Code State Transaction ID: SA11AI.46404 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 280.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 ___

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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.46405 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 320.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46406 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) 360.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 10 2019 City Zip Code State Transaction ID: SA11AI.46407 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 400.00 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 2019 City Zip Code State Transaction ID: SA11AI.46408 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 440.00 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.46409 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) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2019 City Zip Code State Transaction ID: SA11AI.46410 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 520.00 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 Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 15 2019 City Zip Code State Transaction ID: SA11AI.46414 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 240.00 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 Zip Code State Transaction ID: SA11AI.46415 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) 300.00 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 15 2019 City Zip Code State Transaction ID: SA11AI.46416 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 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 10 2019 City Zip Code State Transaction ID: SA11AI.46420 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 600.00 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 05 2019 City Zip Code State Transaction ID: SA11AI.46421 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) 660.00 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 07 2019 City Zip Code State Transaction ID: SA11AI.46422 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 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 2019 City Zip Code State Transaction ID: SA11AI.46423 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 780.00 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.46493 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 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 15 2019 City Zip Code State Transaction ID: SA11AI.46494 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 160.00 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 Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2019 City Zip Code State Transaction ID: SA11AI.46495 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46496 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 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 26 2019 City Zip Code State Transaction ID: SA11AI.46497 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 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 Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2019 10 City Zip Code State Transaction ID: SA11AI.46498 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 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 05 2019 City State Zip Code Transaction ID: SA11AI.46499 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 550.00 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 2019 City Zip Code State Transaction ID: SA11AI.46500 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify)

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2019 City Zip Code State Transaction ID: SA11AI.46501 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 670.00 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.46547 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 12 2019 City Zip Code State Transaction ID: SA11AI.46548 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 240.00 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 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 Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2019 City Zip Code State Transaction ID: SA11AI.46549 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 270.00 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 10 2019 City State Zip Code Transaction ID: SA11AI.46550 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) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 24 2019 City Zip Code State Transaction ID: SA11AI.46551 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 330.00 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.46573 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 280.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46574 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) 320.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 26 2019 City Zip Code State Transaction ID: SA11AI.46575 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 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 10 2019 City Zip Code State Transaction ID: SA11AI.46576 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 400.00 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 05 2019 City State Zip Code Transaction ID: SA11AI.46577 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) 440.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2019 City Zip Code State Transaction ID: SA11AI.46578 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 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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.46579 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 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 2019 City State Zip Code Transaction ID: SA11AI.46582 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 15 2019 City Zip Code State Transaction ID: SA11AI.46583 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

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for each Detailed Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 2019 City Zip Code State Transaction ID: SA11AI.46584 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 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 03 15 2019 City State Zip Code Transaction ID: SA11AI.46585 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 29 2019 City State Zip Code Transaction ID: SA11AI.46586 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 240.00 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 Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 2019 City Zip Code State Transaction ID: SA11AI.46590 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 880.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 2019 City State Zip Code Transaction ID: SA11AI.46591 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 960.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gonick, Denise, , , Date of Receipt Mailing Address 332 Torquay Blvd. 2019 City Zip Code State Transaction ID: SA11AI.46592 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care CEO/President Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) 240.00 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 Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2019 City Zip Code State Transaction ID: SA11AI.46679 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 04 2019 City State Zip Code Transaction ID: SA11AI.46680 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 26 2019 City Zip Code State Transaction ID: SA11AI.46681 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 10 2019 City Zip Code State Transaction ID: SA11AI.46682 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 05 2019 City State Zip Code Transaction ID: SA11AI.46683 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2019 City Zip Code State Transaction ID: SA11AI.46684 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2019 City Zip Code State Transaction ID: SA11AI.46685 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2019 City State Zip Code Transaction ID: SA11AI.46692 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 12 2019 City Zip Code State Transaction ID: SA11AI.46693 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2019 City Zip Code State Transaction ID: SA11AI.46697 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 06 2019 City State Zip Code Transaction ID: SA11AI.46698 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 390.00 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 24 2019 City Zip Code State Transaction ID: SA11AI.46792 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 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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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 2019 City Zip Code State Transaction ID: SA11AI.46793 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 240.00 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 06 2019 City State Zip Code Transaction ID: SA11AI.46794 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) ▼ 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 29 2019 City Zip Code State Transaction ID: SA11AI.46801 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 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2019 City Zip Code State Transaction ID: SA11AI.46802 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 240.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46803 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) ▼ 270.00 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 2019 City Zip Code State Transaction ID: SA11AI.46804 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 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2019 City Zip Code State Transaction ID: SA11AI.46838 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 250.00 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 15 2019 City State Zip Code Transaction ID: SA11AI.46839 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) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 29 2019 City Zip Code State Transaction ID: SA11AI.46840 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 350.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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41 OF 54 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.46841 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 400.00 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 04 2019 City State Zip Code Transaction ID: SA11AI.46842 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) ▼ 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 10 2019 City Zip Code State Transaction ID: SA11AI.46843 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 500.00 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 Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 2019 City Zip Code State Transaction ID: SA11AI.46866 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 04 2019 City State Zip Code Transaction ID: SA11AI.46867 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 240.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montepare, Carole, , , Date of Receipt Mailing Address 100 McLain Court 26 2019 City Zip Code State Transaction ID: SA11AI.46868 MA Williamstown 01267 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC							
Full Name of Individual (Last, First, M Montepare, Carole, , , Mailing Address 100 McLain Court	Date of Receipt 05 10 2019						
City Williamstown	State Zip Code MA 01267	Transaction ID : SA11AI.46869 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	30.00 Memo Item					
MVP Health Care Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00						
Full Name of Individual (Last, First, M Montgomery, Susan, , , Mailing Address 12 Feeney Road	fliddle Initial) or Full Organization Name	Date of Receipt 05 24 2019					
City Ossining FEC ID number of contributing federal political committee.	State Zip Code 10562	Transaction ID : SA11AI.46880 Amount of Each Receipt this Period 20.00					
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00						
Full Name of Individual (Last, First, M. Montgomery, Susan, , , Mailing Address 12 Feeney Road	fliddle Initial) or Full Organization Name	Date of Receipt					
City Ossining FEC ID number of contributing	State Zip Code NY 10562	Transaction ID : SA11AI.46881 Amount of Each Receipt this Period					
federal political committee. Name of Employer (for Individual)	Occupation (for Individual)	20.00 Memo Item					
MVP Health Care Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00						
SUBTOTAL of Receipts This Page (opti	ional)	70.00					
TOTAL This Period (last page this line	number only)						

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 Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2019 City Zip Code State Transaction ID: SA11AI.46882 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 260.00 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 2019 City State Zip Code Transaction ID: SA11AI.46943 NY Castleton 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 Other (specify) ▼ 210.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 12 2019 City Zip Code State Transaction ID: SA11AI.46944 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 240.00 Other (specify)

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2019 City Zip Code State Transaction ID: SA11AI.46945 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 270.00 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 10 2019 City State Zip Code Transaction ID: SA11AI.46946 NY Castleton 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 Other (specify) ▼ 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 24 2019 City Zip Code State Transaction ID: SA11AI.46947 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 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name of Individual (Last, First, Middle Ini Roohan, Patrick, , , Mailing Address 1341 Partridge Drive City Castleton 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 12033 C Occupation (for Individual) VP Aggregate Year-to-Date 360.00	Date of Receipt M
Full Name of Individual (Last, First, Middle Ini Roohan, Patrick, , , Mailing Address 1341 Partridge Drive City Castleton 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 12033 C Occupation (for Individual) VP Aggregate Year-to-Date 390.00	Date of Receipt Mod 21 2019 Transaction ID: SA11AI.46949 Amount of Each Receipt this Period 30.00 Memo Item
Full Name of Individual (Last, First, Middle Ini Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Date of Receipt Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)	>	60.00
TOTAL This Period (last page this line number	only)	5460.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 OF 54 (check only one) 11a
	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	'AC		
Α.	Full Name of Individual (Last, First, Middle Init KATKO FOR CONGRESS	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address 228 S WASHINGTON ST STE 115			01 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SA16.47209 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C co	0556365	1000.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
— В.	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name	Date of Receipt
٠.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
С .	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name	Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	

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

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

1000.00

1000.00

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: SA16

Transaction ID : SA16.47209

MVP PAC mailed a 10/17/2018 check to the wrong address. MVP PAC issued another check on 10/26/2018 to Katko for Congress with the understanding that the 10/17/2018 check would be voided. Instead, Katko for Congress cashed both checks, thereby exceeding the legal contribution limit by \$1,000. Katko for Congress mailed a refund check for \$1,000 to MVP postmarked 12/31/2018, which was deposited into the MVP PAC bank account on 01/09/2019.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE NU	IMBER: PAGE 50 OF 54				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only or					
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 26 📗 27				
	, ,	28a	28b 28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC							
Full Name (Last, First, Middle Initial)							
A. AHIP PAC Administrative Account			Date of Disbursement				
Mailing Address 601 Pennsylvania Avenue, NW			04 10 2019				
,	State Zip Code		FEC Identification Number				
Washington	DC 20004						
Purpose of Disbursement	I	011	C C00387464				
Candidate Name			Transaction ID : SB23.47200				
Alamo PAC		Category/ Type	Amount of Each Disbursement this Period				
	nent For: 2020	.,,,,	2500.00				
Senate x	Primary General		7 7				
President State: District:	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
B. ELISE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 500			02 08 2019				
City	State Zip Code		FEC Identification Number				
GLENS FALLS	NY 12801		TEC Identification Number				
Purpose of Disbursement	l r	044	C C00547893				
Candidate Name		011	Transaction ID : SB23.47199				
ELISE FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period				
	nent For: 2020	Туре	1000.00				
	Primary General		7 7				
	Other (specify)		Memo Item				
State: NY District: 21			Wello Relli				
Full Name (Last, First, Middle Initial)							
C. ELISE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 500			05 21 2019				
City	State Zip Code		EEO Idaakeaakaa Maari				
GLENS FALLS	NY 12801		FEC Identification Number				
Purpose of Disbursement			C C00547893				
	011	Transaction ID : SB23.47207					
Candidate Name ELISE FOR CONGRESS		o alogo. y.	Amount of Each Disbursement this Period				
000	nent For: 2020	Туре	1000.00				
Compate	Primary General		7 7 7				
<u> </u>	Other (specify)		Mama Itam				
State: NY District: 21			Memo Item				
SUBTOTAL of Disbursements This Page (optional)							
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TOTAL This Period (last page this line number only)							

S	CHEDULE B (FEC Form 3X)	FOR LINE N	INE NUMBER: PAGE 51 OF 54					
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only				
			Summary Page	21b	22 🗶 23 26 27			
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	ny information copied from such Reports and Staten for commercial purposes, other than using the nam							
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
\rangle	MVP Health Care Inc. Federal PAC							
_	Full Name (Last, First, Middle Initial)							
Α.	KATKO FOR CONGRESS				Date of Disbursement			
	Mailing Address PO BOX 133				02 08 2019			
	City	State	Zip Code		FEC Identification Number	_		
	CAMILLUS	NY	13031		Lo identification Number			
	Purpose of Disbursement		l I	044	C C00556365			
	Candidate Name			011	Transaction ID : SB23.47197			
	KATKO FOR CONGRESS			Category/ Type	Amount of Each Disbursement this Period			
		nent For: 20	020	Турс	2000.00			
		Primary	General		7 7			
	President State: NY District: 24	Other (speci	ify) ▼		Memo Item			
	Full Name (Last, First, Middle Initial)				_	_		
В.	KATKO FOR CONGRESS				Date of Disbursement			
	Mailing Address PO BOX 133				05 21 2019			
	City	State	Zip Code		FEC Identification Number			
	CAMILLUS	NY	13031					
	Purpose of Disbursement			011	C C00556365			
	Candidate Name				Transaction ID : SB23.47203			
	KATKO FOR CONGRESS			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought:	nent For: 2	020		1000.00			
		Primary	General					
		Other (speci	ify)		Memo Item			
	State: NY District: 24					_		
C	Full Name (Last, First, Middle Initial) MORELLE, JOSEPH D, , ,				Date of Disbursement			
•	WORLLL, JOSEFII D, , ,				M M / D D / Y Y Y Y			
	Mailing Address P.O. BOX 90914				02 08 2019			
	City	State	Zip Code		FEC Identification Number			
	ROCHESTER Dishuranana	NY	14609					
	Purpose of Disbursement			011	C H8NY25105			
Candidate Name					Transaction ID: SB23.47198 Amount of Each Disbursement this Period			
	MORELLE, JOSEPH D, , ,			Category/ Type	Amount of Each Dispulsement this Period			
		ment For: 20	020		2000.00			
		Primary	General					
		Other (speci	ify) 🔻		Memo Item			
	State: NY District: 25					_		
s	SUBTOTAL of Disbursements This Page (optional)							
Т	TOTAL This Period (last page this line number only)							
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 52 OF 54				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	21b 28a	22 x 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Stater	monto mov not be cold or us						
or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC							
<u> </u>							
Full Name (Last, First, Middle Initial) A. MORELLE, JOSEPH D, , ,			Date of Disbursement				
MORLELL, SOCETTI D, , ,			M M / D D / Y Y Y Y				
Mailing Address P.O. BOX 90914			05 21 2019				
O'tr.	Otata 7: Oada						
City ROCHESTER	State Zip Code NY 14609		FEC Identification Number				
Purpose of Disbursement	1.000		C H8NY25105				
		011	Transaction ID : SB23.47205				
Candidate Name		Category/	Amount of Each Disbursement this Period				
MORELLE, JOSEPH D, , , Office Sought: W House Disburser	ment For: 2020	Type	1000.00				
Senate Stagnic Senate	Primary General						
President	Other (specify) ▼		Memo Item				
State: NY District: 25			I Willie Rem				
Full Name (Last, First, Middle Initial)			Data of Bishamanana				
B. PAUL TONKO FOR CONGRESS			Date of Disbursement				
Mailing Address 911 CENTRAL AVENUE			05 21 _ 2019 _				
PO BOX 221							
,	State Zip Code NY 12206		FEC Identification Number				
ALBANY Purpose of Disbursement	NY 12206		C C00450049				
·		011	Transaction ID : SB23,47208				
Candidate Name		Category/	Amount of Each Disbursement this Period				
PAUL TONKO FOR CONGRESS		Type	1000.00				
$\ddot{\mathbb{H}}_{\bullet}$.	ment For: 2020 Primary General		1000.00				
Senate X President	Other (specify)		П.,				
State: NY District: 20			Memo Item				
Full Name (Last, First, Middle Initial)							
C. SEAN PATRICK MALONEY FOR	CONGRESS		Date of Disbursement				
Mailing Address PO BOX 270			05 21 2019				
Maining Address 1 O BOX 270			27 25.0				
,	State Zip Code		FEC Identification Number				
NEWBURGH Purpose of Disbursement	NY 12550		0.00540400				
r dipose of Biobaroomein		011	C C00512426 Transaction ID : SB23.47204				
Candidate Name		Category/	Amount of Each Disbursement this Period				
SEAN PATRICK MALONEY FOR		Type	0000.00				
Conoto	ment For: 2020 Primary General		2000.00				
President	Primary General Other (specify) ▼		П.,				
State: NY District: 18	- · · · · · (- · · · · / ·		Memo Item				
SUBTOTAL of Disbursements This Page (optional)							
TOTAL This Period (last page this line number only)	1						
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NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC	•						
WWW Treatti Care Inc. Federal FAC	,						
Full Name (Last, First, Middle Initial)			Data of Diaburgament				
A. TOM REED FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 10847			05 21 2019				
,	State Zip Code		FEC Identification Number				
110011201211	NY 14610						
Purpose of Disbursement		011	C C00464032				
Candidate Name		Catamani	Transaction ID : SB23.47206				
TOM REED FOR CONGRESS		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disbursem	nent For: 2020		5000.00				
Senate x	Primary General						
State: NY District: 29	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)							
3.			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address							
City	State Zip Code		FEC Identification Number				
Purpose of Disbursement							
r dipose of bisbursement			C				
Candidate Name		Category/	Amount of Each Disbursement this Period				
		Type	Amount of Each Bioducement this Feriod				
Office Sought: House Disbursem	nent For:						
	Primary General						
President State: District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
Mailing Address			M M / D D / Y Y Y Y				
City	State Zip Code		FEC Identification Number				
Durnage of Dishurzarrant							
Purpose of Disbursement			C				
Candidate Name							
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburserr	nent For:						
	Primary General						
	Other (specify) ▼		Memo Item				
State: District:							
			5000.00				
SUBTOTAL of Disbursements This Page (optional)		·····•	3000.00				
TOTAL This Period (last page this line number only).			18500.00				

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

Excluding Loans

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

PAGE FOR LINE NUMBER: (check only one)

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X	10

54

54 OF

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Check Printing Deluxe Business Checks** Mailing Address P.O. Box 742572 State Zip Code Cincinnati ОН 45274 Transaction ID: SD10.4163 Outstanding Balance Beginning This Period 145.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 145.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advertising Media Well Done Mailing Address 96 Jay Street City State Zip Code Schenectady 12305 NY Outstanding Balance Beginning This Period Transaction ID: SD10.4165 338.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 338.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period 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) ▶