FEC

FORM 3X

PAGE 1 / 19

04/02/2018 14 : 09

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

							Office Us	e Only	
1. NAME OF COMMITTEE (in ful	TYPE OR	PRINT ▼		mple: If typi the lines.	ng, type	12FE4	4M5		
MVP Health Car	e Inc. Federal	PAC							
ADDRESS (number and s		e Street							
Check if different than previously reported. (ACC	Schene	ctady				NY	12305	· · ·	
2. FEC IDENTIFICAT			CITY 🔺		S	STATE 🔺		ZIP COD	DE 🔺
C C00431429		3.	IS THIS REPORT	~	NEW (N) OR		AMENDED (A)		
4. TYPE OF REPO (Choose One)	Re	port	⁻ eb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Repor			Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
× April 15 Quarterly F	Report (Q1)		Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)	<u> </u>	Jan 31 (YE)
July 15 Quarterly F	Report (Q2) (c)	12-Day PRE-Election Report for the		Primary (12F		1	eral (12G) cial (12S)		Runoff (12R)
October 15 Quarterly F	Report (Q3)	·		M M /		Ү.Ү.Ү		in the	
January 31 Year-End F July 31 Mid	Report (YE)		ction on	L				State of	
Report (No Year Only)	n-election	30-Day POST-Election Report for the		General (300	G)	Rund	off (30R)		Special (30S)
Terminatior (TER)	Report	·	ction on	M M /	D D /	Y Y Y	Ý	in the State of	
5. Covering Period	01 / D		ў ў 8	through	03	/ D D 31	/ Y Y 201	8 8	
I certify that I have exam Type or Print Name of T	Estey, J	and to the best lordan, T, ,	of my know	vledge and	belief it is true	e, correct	and complet	e.	
Signature of Treasurer	Estey, Jordan, T,			[Electronicall	ly Filed] Da	ate	04 / D 02	D /	2018
NOTE: Submission of fals	e, erroneous, or ind	complete informa	ation may su	bject the per	rson signing th	is Report			-
Use Only								FORI ev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
W	rite or Type Committee Name		
N	IVP Health Care Inc. Federal PA	С	
Re	eport Covering the Period: From:	01 / D D / Y Y Y Y 01 01 / 2018 To:	M M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		63943.34
	(b) Cash on Hand at Beginning of Reporting Period	63943.34	
	(c) Total Receipts (from Line 19)	7431.00	7431.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71374.34	71374.34
7.	Total Disbursements (from Line 31)	6500.00	6500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64874.34	64874.34
	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From:	04 0040	o: 03 / D D / Y Y Y Y 31 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
 (a) Individuals/Persons Other Than Political Committees 		
(i) Itemized (use Schedule A)	1640.00	1640.00
		7 7
(ii) Unitemized	5791.00	5791.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	7431.00	7431.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	7431.00	7431.00
2. Transfers From Affiliated/Other		47 47 47
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
4 Loop Denovments Dessived	0.00	0.00
4. Loan Repayments Received	0.00	7 7 7
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) 	7431.00	7431.00
0. Total Federal Receipts		
(a, b, b, a, a, b, b, a, a, a, b, a, a, b, a, a, b, b, a, a, b, b, a, b, b, a, b,	7431.00	7421.00

(subtract Line 18(c) from Line 19)......

7431.00

Page 3

7431.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 6500.00 and Other Political Committees... 6500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 6500.00 6500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 6500.00 6500.00

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	7431.00	7431.00				
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00				
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	7431.00	7431.00				
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00				
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00				
 Net Operating Expenditures (subtract Line 37 from Line 36) 	0.00	0.00				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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19

TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a		11b		11c	12					
	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		aress of any political committee				JULIONS								
A.	Full Name of Individual (Last, First, Middle Ini Austen, Karla, , ,	tial) or Full Or	ganization Name		Date of Receipt										
	Mailing Address 25 Carriage House Lane				02 16 2018										
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.44187 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			_				-	60	0.00				
	Name of Employer (for Individual) MVP Health Care		pation (for Individual) , Chief Financial Officer		M	lemo	o Item								
	Receipt For: 2018 ✓ Primary General Other (specify) ▼														
в.	Full Name of Individual (Last, First, Middle Ini Austen, Karla, , , Mailing Address 25 Carriage House Lane								/ Y	Y Y	Y				
			03 02 2018												
	City Saratoga Springs	State NY	Zip Code 12866					-	11AL		d				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) MVP Health Care		pation (for Individual) , Chief Financial Officer		Memo Item										
	Receipt For: 2018 ✓ Primary General Other (specify) ▼														
<u>с.</u>	Full Name of Individual (Last, First, Middle Ini Austen, Karla, , ,		Date o	f Re	eceipt										
	Mailing Address 25 Carriage House Lane			^M 03	/	D 1	^р 6	/ Y	2018	Y					
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.44189 Amount of Each Receipt this Period						d					
	FEC ID number of contributing federal political committee.	60.00							0.00						
	Name of Employer (for Individual) MVP Health Care	P Health Care EVP, Chief Financial Officer							Memo Item						
	Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00													

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
\angle	MVP Health Care Inc. Federal P															
Α.	Full Name of Individual (Last, First, Middle Initi Austen, Karla, , ,	ial) or Full O	rganization Name	Date of Receipt												
<i>r</i> 4.	Mailing Address 25 Carriage House Lane															
		1 -		03 30 2018 Transaction ID : SA11AI.44190												
	City	State	Zip Code													
	Saratoga Springs	NY	12866			Amount	t of	Each R	leceipt	this I	Period					
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	federal political committee.					<u>L</u>	-	- J -								
	Name of Employer (for Individual)	Occi	pation (for Individual)			M	emo	tem								
	MVP Health Care	EVP	, Chief Financial Officer													
	Receipt For: 2018	Aggregate	Year-to-Date ▼													
	Primary General		400.00													
	Other (specify)		420.00													
	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name													
В.	Cameron, Carl, , ,					Date of	Re	eceipt								
	Mailing Address 70 Barclay Square Drive					03 30 2018										
	City	State	Zip Code			Trans	acti	ion ID :	SA11A	1.442	211					
	Rochester	NY	14618					Each R								
	FEC ID number of contributing federal political committee.	С						-			30.	00				
	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)		Memo Item											
	Receipt For: 2018	Aggregate	Year-to-Date ▼													
	Primary General															
	Other (specify) ▼ 210.00															
	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name													
C.	Clancy, Catherine, , ,					Date of	Re	eceipt								
	Mailing Address 19 Julia Court					^M 03	1	D 16	· · ·		018	Y				
	City	State	Zip Code			Trans	act	ion ID :	SA11/	41.442	217					
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	federal political committee.							y	9	-						
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	MVP Health Care	EVP														
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	Primary General		240.00													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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<u> </u>	NAME OF COMMITTEE (In Full)															
	MVP Health Care Inc. Federal I	PAC														
Α.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full C)rga	nization Name	Date of Receipt											
	Mailing Address 19 Julia Court															
	City	State		Zip Code		Trans	sact	ion I	D : 3	SA11AI.	442	18				
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	Name of Employer (for Individual) MVP Health Care	Occ EVF		tion (for Individual)		Μ	emo	o Iten	n							
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	Full Name of Individual (Last, First, Middle In Deferio, Patricia, , ,	itial) or Full C)rga	nization Name		Date o	f Re	eceint								
υ.	Mailing Address 106 Birch Street					03		D	16	/ Y	Y 20)18	Y			
	City	State		- '	Transaction ID : SA11AI.44245											
	Liverpool	NY		13088	Amount of Each Receipt this Period											
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	Name of Employer (for Individual) MVP Health Care			tion (for Individual)		М	emo	o Iten	n							
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	Full Name of Individual (Last, First, Middle In Deferio, Patricia, , ,	itial) or Full C)rga	nization Name		Date o	f Re	eceipt	t							
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	Name of Employer (for Individual) MVP Health Care		Memo Item													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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NAME OF COMMITTEE (In Full)														
MVP Health Care Inc. Fed	eral PAC													
Full Name of Individual (Last, First, Mid A. Del Vecchio, Christopher, , ,	ddle Initial) or Full O	rganization Name		Date o	f Re	eceipt								
Mailing Address 2854 W. Old State Roa	ad			02	/	D D 16	/ Y)18)18	Y				
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Schenectady	NY	12303		Amoun	t of	Each R	eceipt th	is Pe	eriod					
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Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Operating Officer		М	emo	o Item								
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rimary General	Aggregate	Year-to-Date ▼												
Other (specify)		240.00	4											
Full Name of Individual (Last, First, Mid B. Del Vecchio, Christopher, , ,	ddle Initial) or Full O	rganization Name		Date o	f Re	eceipt								
Mailing Address 2854 W. Old State Roa	ad			M M 03		02	/ Y	201	Y 18	Y				
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x Primary General	Aggregate		11.											
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Mailing Address 2854 W. Old State Roa	ad			03	/	D D D 16	/ Y	20 ²	ү 18	Y				
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Name of Employer (for Individual) MVP Health Care		upation (for Individual) If Operating Officer		M	em	o Item								
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00												
SUBTOTAL of Receipts This Page (optic	nal)	I				y	9	_	180.0	0				

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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$\left \right\rangle$	NAME OF COMMITTEE (In Full)															
	MVP Health Care Inc. Federal F	PAC														
Α.	Full Name of Individual (Last, First, Middle Init Del Vecchio, Christopher, , ,	tial) or Fu	ll Orga	nization Name		C	Date of	Re	ceipt							
	Mailing Address 2854 W. Old State Road					ľ	03	/	D D D 30	/ Y	Y 2(у 018	Y			
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В.	Estey, Jordan, T, ,				_	Ľ	Date of	Re	ceipt							
	Mailing Address 37 Campus Club Drive	1-		1			м м 03	/	D D D 16	/ Y	ү 20)18	Y			
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	Guilderland	NY		12084	_	A	mount	of	Each R	eceipt th	is P	'eriod				
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с.	Full Name of Individual (Last, First, Middle Init Estey, Jordan, T, ,	tial) or Fu	ll Orga	nization Name		C	Date of	Re	ceipt							
	Mailing Address 37 Campus Club Drive					ľ	м м 03	/	30	/ Y) 18	Y			
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	federal political committee.	С				ł		-	y	J J	-	40.0)0			
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	Other (specify)			280.00												
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IT	EMIZED RECEIPTS	ZED RECEIPTS for each category of the						
		Detailed Summary Page						
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
\square	NAME OF COMMITTEE (In Full)							
	MVP Health Care Inc. Federal P	AC						
Α.	Full Name of Individual (Last, First, Middle Initi Flor, Ian, , ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 144 Watch Hill Road			03 30 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44309				
	Cortlandt Manor	NY	10567	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
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	Name of Employer (for Individual) MVP Health Care	VP	upation (for Individual)	Memo Item				
	Receipt For: 2018		Veer to Date V					
	rimary General	Aggregate	Year-to-Date ▼					
	Other (specify) V		210.00	1				
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date of Dessint				
В.	Glavey, Patrick, , ,			Date of Receipt				
	Mailing Address 3 Park Forest Drive			03 16 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44329				
	Pittsford	NY	12180	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer (for Individual) MVP Health Care	Occ EVF	upation (for Individual) >	Memo Item				
	Receipt For: 2018	Aggregate	Year-to-Date V	—				
	× Primary General			1				
	Other (specify) ▼		, 240.00	1				
C.	Full Name of Individual (Last, First, Middle Initi Glavey, Patrick, , ,	al) or Full O	rganization Name	Date of Receipt				
	Mailing Address 3 Park Forest Drive			03 30 2018				
	City	State	Zip Code	Transaction ID : SA11AI.44330				
	Pittsford	NY	12180	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		40.00				
	federal political committee.	C		40.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	MVP Health Care	EVP	· · · · · ·					
	Receipt For: 2018	Aggregate	Year-to-Date ▼					
	Primary General			1				
	Other (specify)		280.00	1				
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

19

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC												
Full Name of Individual (Last, First, Middle A. Gonick, Denise, , , Mailing Address 332 Torquay Blvd.	Initial) or Full O	rganization Name	Date of Receipt										
			02 02 2018										
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44333 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		80.00										
Name of Employer (for Individual) MVP Health Care		upation (for Individual) D/President	Memo Item										
Receipt For: 2018	Aggregate	Year-to-Date ▼ 240.00	1										
B. Gonick, Denise, , , Mailing Address 332 Torquay Blvd.	Initial) or Full O	rganization Name	Date of Receipt										
			02 16 2018										
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44334 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) MVP Health Care		upation (for Individual) D/President	Memo Item										
Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00]										
Full Name of Individual (Last, First, Middle C. Gonick, Denise, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 332 Torquay Blvd.			03 / D D / Y Y Y Y 03 02 2018										
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44335 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		80.00										
Name of Employer (for Individual) MVP Health Care		upation (for Individual))/President	Memo Item										
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]										
SUBTOTAL of Receipts This Page (optional)			240.00										

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SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	FOR LINE NUMBER: PAGE 13 OF 19 (check only one)	9												
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or for commercial purposes, other than using			person for the purpose of soliciting contributions to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC														
Full Name of Individual (Last, First, Middle Gonick, Denise, , ,	Initial) or Full C	Organization Name	Date of Receipt												
Mailing Address 332 Torquay Blvd.			03 / D D / Y Y Y Y 03 16 2018												
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44336 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		80.00]											
Name of Employer (for Individual) MVP Health Care		upation (for Individual) O/President	Memo Item												
Receipt For: 2018	Aggregate	Year-to-Date ▼ 480.00]												
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Mailing Address 332 Torquay Blvd.															
City Albany	State NY	Zip Code 12203	Transaction ID : SA11AI.44337 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		80.00]											
Name of Employer (for Individual) MVP Health Care		cupation (for Individual) O/President	Memo Item												
Receipt For: 2018	Aggregate	Year-to-Date ▼ , 560.00]												
Full Name of Individual (Last, First, Middle C. Hogan, Rosemarie, , ,	Initial) or Full C	Organization Name	Date of Receipt												
Mailing Address 45 Crestwood Drive			03 / D D / Y Y Y Y 2018												
City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.44379 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С]											
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item												
Receipt For: 2018		Vear-to-Date V													

Aggregate Year-to-Date ▼

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Other (specify)

General

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 11 13 14	PAGE 14 OF
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			

ull Name of Individual (Last, First, Middle Ini Husted, Kevin, , , failing Address 38 Fox Hill Drive	tial) or Full O	rganization Name	Date of Receipt
-			
			M M / D D / Y Y Y Y Y 03 30 2018
Dity	State	Zip Code	Transaction ID : SA11AI.44393
Fairport	NY 14450	14450	Amount of Each Receipt this Period
EC ID number of contributing ederal political committee.	С		30.00
lame of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
IVP Health Care	Dire	ctor	_
Receipt For: 2018	Aggregate	Year-to-Date ▼ 210.00	
	tial) or Full O	rganization Name	Date of Receipt
			03 30 2018
Dity	State	Zip Code	Transaction ID : SA11AI.44426
Riverdale	NY	10463	Amount of Each Receipt this Period
0	С		30.00
	Occu VP	upation (for Individual)	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼	
✔ Primary General Other (specify) ▼		210.00	
	tial) or Full O	rganization Name	Date of Receipt
Aailing Address 36 Quarry Road			03 16 2018
Dity	State	Zip Code	Transaction ID : SA11AI.44454
Chester	VT	05143	Amount of Each Receipt this Period
	С		40.00
	Occu EVP		Memo Item
Receipt For: 2018		Vear-to-Date ▼	1
x Primary General Other (specify)	Aggregate	240.00	
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	Receipt For: 2018 Y Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initevin, Julie A., , , , Mailing Address 3900 Greystone Avenue #61-A Bity Riverdale FEC ID number of contributing ederal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Y Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initevidual) MVP Health Care Full Name of Individual (Last, First, Middle Initevidual) Mailing Address 36 Quarry Road City Chester FEC ID number of contributing ederal political committee. Iame of Individual (Last, First, Middle Initevidual) Mailing Address 36 Quarry Road City Chester FEC ID number of contributing ederal political committee. Iame of Employer (for Individual) MVP Health Care Receipt For: 2018 Y Primary General Other (specify) BTOTAL of Receipts This Page (optional)	Receipt For: 2018	Receipt For: 2018 Y Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Iull Name of Individual (Last, First, Middle Initial) or Full Organization Name 210.00 Levin, Julie A., , , Mailing Address 3900 Greystone Avenue #61-A Sity State Zip Code Riverdale NY 10463 EC ID number of contributing C Image: Committee Aggregate Year-to-Date V NP Health Care Occupation (for Individual) VP Heatth Care Query Road Image: Primary General Other (specify) Aggregate Year-to-Date Image: Primary General Other (specify) Aggregate Year-to-Date Image: Primary General Image: Primary C Image: Primary General Image: Primary General Image: Primary

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 19 (check only one) I1a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name of Individual (Last, First, Middle A. Malko, Elizabeth, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 36 Quarry Road			03 30 2018
City Chester	State VT	Zip Code 05143	Transaction ID : SA11AI.44455 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer (for Individual) MVP Health Care	Occ EV	cupation (for Individual) P	Memo Item
Receipt For: 2018	Aggregate	e Year-to-Date ▼ 280.00]
Full Name of Individual (Last, First, Middle B. Martin, Augusta, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 113 Kaydeross Park Road			03 / D D / Y Y Y Y 03 30 2018
City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AL44462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 210.00]
Full Name of Individual (Last, First, Middle C. Metheny, Laurie, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 21 Joellen Drive	Otata		03 / D D / Y Y Y Y 2018
City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.44481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ef Risk Officer, VP	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	1

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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PAGE 16 OF

116	INIZED RECEIPTS		for each category of the Detailed Summary Page	>	' 11a		11b	11c	12				
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	NAME OF COMMITTEE (In Full)												
	MVP Health Care Inc. Federal P/	٩C											
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , ,						Date of Receipt						
ľ	Aailing Address 21 Joellen Drive				03	/	16		y y 2018	Y			
(Dity	State	Zip Code		Trans	sact	ion ID :	SA11AI	44482				
_	Rochester	NY	14626		Amoun	t of	Each F	Receipt th	nis Perioc	ł			
	EC ID number of contributing ederal political committee.	С					-	-	50	.00			
	Name of Employer (for Individual) /IVP Health Care		upation (for Individual) ef Risk Officer, VP		N	lemo	o Item						
	Receipt For: 2018		Year-to-Date ▼										
	✔ Primary General Other (specify) ▼		300.00]									
	Full Name of Individual (Last, First, Middle Initia Metheny, Laurie, , ,	l) or Full O	rganization Name		Date o	f Re	eceipt						
ľ	Mailing Address 21 Joellen Drive						30		2018	Y			
(Dity	State	Zip Code		Trans	sact	ion ID :	SA11AL	44483				
_	Rochester	NY	14626		Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.		50.00										
	Name of Employer (for Individual) IVP Health Care		upation (for Individual) ef Risk Officer, VP		Memo Item								
F	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]									
	Full Name of Individual (Last, First, Middle Initia Montepare, Carole, , ,	l) or Full O	rganization Name		Date o	f Re	eceipt						
Ν	Aailing Address 100 McLain Court				^M 03	/	30		2018	Y			
	Dity	State	Zip Code		Tran	sact	tion ID :	SA11AI	.44497				
_	Williamstown	MA	01267		Amoun	t of	Each F	Receipt th	nis Perioc	ł			
	EC ID number of contributing ederal political committee.	С			<u> </u>		y	9	30	.00			
	Name of Employer (for Individual)												
	MVP Health Care Receipt For: 2018	VP											
	Primary General	Aggregate	Year-to-Date V	_									
	Other (specify)		210.00										
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	CHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 17 OF 19				
ITEMIZED DISBURSEMENTS		for each	(c		only 21b	y one) 22 🗶 23 26 27					
		Detailed	Summary Page			28a					
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	-									
	MVP Health Care Inc. Federal PA	С									
Α.	Full Name (Last, First, Middle Initial)						Date of Disbursement				
							M M / D D / Y Y Y Y				
	Mailing Address PO BOX 386						02 22 2018				
	City CLARENCE	State NY	Zip Code 14031				FEC Identification Number				
	Purpose of Disbursement Political Contribution)11	7	С С00520379				
	Candidate Name					1	Transaction ID : SB23.44176				
	COLLINS FOR CONGRESS				egory ype	/	Amount of Each Disbursement this Period				
		ment For:	2018		7 1		1000.00				
	Senate x	Primary Other (spe	General								
	State: NY District: 27		ony) V				Memo Item				
Р	Full Name (Last, First, Middle Initial)						Data of Dishursement				
р.	ELISE FOR CONGRESS						Date of Disbursement				
	Mailing Address PO BOX 338	02 22 2018									
	City WILLSBORO	State Zip Code NY 12996					FEC Identification Number				
	Purpose of Disbursement Political Contribution		12000			1	C C00547893				
	Candidate Name		011 Category/ Type			Transaction ID : SB23.44173					
	ELISE FOR CONGRESS				/	Amount of Each Disbursement this Period					
	••	ment For:	2018		,		1000.00				
	Senate x President	Primary Other (spe	General								
	State: NY District: 21		city)				Memo Item				
0	Full Name (Last, First, Middle Initial)						Date of Disbursement				
•							M M / D D / Y Y Y Y				
	Mailing Address PO BOX 133	02 22 2018									
	City CAMILLUS	State Zip Code NY 13031					FEC Identification Number				
	Purpose of Disbursement	÷	C C00556365								
	Political Contribution for event on March 7, 2018 Candidate Name	Transaction ID : SB23.44175									
	KATKO FOR CONGRESS	/	Amount of Each Disbursement this Period								
		ment For:		ype		2500.00					
	Senate X	Primary Other (spe	General								
	State: NY District: 24						Memo Item				
Γ	· · · · · · · · · · · · · · · · · · ·						4500.00				
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 18 OF 19				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one) 22 🗶 23 26 27				
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Any information copied from such Reports and Stat or for commercial purposes, other than using the na								
	_							
MVP Health Care Inc. Federal PA	VC							
Full Name (Last, First, Middle Initial) A. PAUL TONKO FOR CONGRESS	;			Date of Disbursement				
Mailing Address 911 CENTRAL AVENUE PO BOX 221				02 / D D / Y Y Y Y 02 / 22 / 2018				
City ALBANY	State NY	Zip Code 12206		FEC Identification Number				
Purpose of Disbursement Political Contribution	1		011	C C00450049				
Candidate Name PAUL TONKO FOR CONGRESS			Category/	Transaction ID : SB23.44172 Amount of Each Disbursement this Period				
Office Sought: X House Disburs	ement For:		Туре	1000.00				
Senate President State: NY District: 20	Primary Other (spe	General ccify) ▼		Memo Item				
Full Name (Last, First, Middle Initial)								
B. TOM REED FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 10847				02 22 2018				
City ROCHESTER	State NY	Zip Code 14610		FEC Identification Number				
Purpose of Disbursement Political Contribution			011	C C00464032				
Candidate Name TOM REED FOR CONGRESS			Category/ Type	Transaction ID : SB23.44174 Amount of Each Disbursement this Period				
Office Sought: X House Disburs	ement For:	2018	туре	1000.00				
President	Primary Other (spe	General cify)		Memo Item				
State: NY District: 29 Full Name (Last, First, Middle Initial)				<u> </u>				
С.				Date of Disbursement				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement	C							
Candidate Name	Amount of Each Disbursement this Period							
Office Sought: House Disburs	Туре							
State: District:	Primary Other (spe	General cify) ▼		Memo Item				
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SCHEDULE D (FEC Form 3X)				PAGE 19 OF 19
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DEBTS AND OBLIGATIONS			schedule(s) for each	(check only one)
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	;			
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor			ebt (Purpose):
Deluxe Business Checks			Check Prin	ting
Mailing Address P.O. Box 742572				
City	State	Zip Code		
Cincinnati	ОН	45274		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4163
Amount Incurred This Period	Pa	yment This Period	Outstandir	ng Balance at Close of This Period
0.00		0.	00	145.00
B. Full Name (Last, First, Middle Initial) of Debt	or or Creditor			ebt (Purpose):
Media Well Done			Advertising	
Mailing Address				
Mailing Address 96 Jay Street				
City Schenectady	State NY	Zip Code 12305		
I Scheneclauv		12303		
	·			
Outstanding Balance Beginning This Period	·	,	Transact	ion ID : SD10.4165
			Transact	ion ID : SD10.4165
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Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period	Pa		Outstandir	ng Balance at Close of This Period
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