FEC

FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

			Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼ Example: over the li	If typing, type 12FE4 nes.	M5
MVP Health Care Inc. Fe	deral PAC		
ADDRESS (number and street)	25 State Street		
Check if different	Schenectady		12305
2. FEC IDENTIFICATION NUMI	BER V CITY	STATE ▲	
C C00431429	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	May 20 (M5)	ug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day Primar PRE-Election	ry (12P) Gene	ral (12G) Runoff (12R)
Quarterly Report (Q2)	Report for the: Conve	ntion (12C) Speci	al (12S)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election on	M / D D / Y Y Y	Y in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Gener Report for the:	al (30G) Runo	ff (30R) Special (30S)
Termination Report (TER)	Election on	M / D D / Y Y Y Y	Y in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2020 thro	bugh 09 / 0 0	/ Y Y Y Y Y Y 2020
	Report and to the best of my knowledge Estey, Jordan, T, ,	and belief it is true, correct	and complete.
Signature of Treasurer	dan, T, , [Electr	onically Filed] Date	1 / D D / Y Y Y Y 24 2020
NOTE: Submission of false, erroneou	s, or incomplete information may subject t	he person signing this Report t	o the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

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#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
ſ	MVP Health Care Inc. Federal PA	С	
R	Report Covering the Period: From:	07 01 YYYYY 2020 To:	M         M         /         D         D         /         Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		64166.34
	(b) Cash on Hand at Beginning of Reporting Period	65896.34	
	(c) Total Receipts (from Line 19)	5985.00	17715.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	71881.34	81881.34
7.	Total Disbursements (from Line 31)	8000.00	18000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	63881.34	63881.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

Page 3

17715.00

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# MVP Health Care Inc. Federal PAC

eport Covering the Period: From: 07	01 2020 To	o: 09 30 2020
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		L
Than Political Committees (i) Itemized (use Schedule A)	3940.00	8760.00
(ii) Unitemized	2045.00	8955.00
Lines 11(a)(i) and (ii)	5985.00	17715.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5985.00	17715.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	5985.00	17715.00

5985.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶

## 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 18000.00 and Other Political Committees... 8000.00 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)).. 8000.00 18000.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 8000.00 18000.00

## DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

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## III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

 Total Federal Operating Expenditures

 (add Line 21(a)(i) and Line 21(b))

 Offsets to Operating Expenditures

 (from Line 15, page 3)

 Net Operating Expenditures

 (subtract Line 37 from Line 36)

- ' I						5985.00
		7			-7	
						0.00
la de	1	-	1	1	- 1	0.00
						5985.00
	1	7	1	1	- 7	0000.00
						0.00
	1	7	1	1	7	
						0.00
	1	7	1	1	-7	
						0.00
		-7-			-7-	

		1		17715.00
	-7		-7	17715.00
				0.00
	-7		-7	
				17715.00
	7		7	
				0.00
	-7		-7	1 1 48 1
				0.00
	-7-		-7-	1 1 28
				0.00
1.1.1.1.1.1	 		 	

COLUMN B

Calendar Year-to-Date

### Page 5

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

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		Detailed Summary Page	×	11a		11b	11c		12		
				13		14	15		16	17	
Any information copied from such Repo or for commercial purposes, other than											
NAME OF COMMITTEE (In Full)											
> MVP Health Care Inc. Fe	deral PAC										
Full Name of Individual (Last, First, M A. Austen, Karla, , ,	<i>l</i> iddle Initial) or Full C	organization Name		Date of	f Re	eceipt					
Mailing Address 25 Carriage House L	ane		07 03 2020								
City	State	Zip Code		Trans	act	ion ID :	SA11AI	.528	15		
Saratoga Springs	NY	12866		Amount	t of	Each F	Receipt th	nis F	Period		
FEC ID number of contributing federal political committee.	C							_	60.0	)0	
Name of Employer (for Individual) MVP Health Care		upation (for Individual) P, Chief Financial Officer		M	emo	) Item					
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼	, iggi ogaio	840.00	1								
		7									
Full Name of Individual (Last, First, N Austen, Karla, , ,	<i>I</i> iddle Initial) or Full C	organization Name		Date of	f Re	eceipt					
Mailing Address 25 Carriage House L	ane			07 17 2020							
City	State	Zip Code		Trans	acti	ion ID :	SA11AI	528	16		
Saratoga Springs	NY	12866		Amount	t of	Each F	Receipt th	nis F	Period		
FEC ID number of contributing federal political committee.	C		60.00							)0	
Name of Employer (for Individual) MVP Health Care		upation (for Individual) P, Chief Financial Officer		Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00									
Full Name of Individual (Last, First, M	/liddle Initial) or Full C	Prganization Name		Data at							
C. Austen, Karla, , , Mailing Address 25 Carriage House L	.ane			Date of		31			020	Y	
City	State	Zip Code		Trans	act	ion ID :	SA11AI	.528	517		
Saratoga Springs	NY	12866		Amount	t of	Each F	Receipt th	nis F	Period		
FEC ID number of contributing federal political committee.	C					,	, ,	_	60.0	00	
Name of Employer (for Individual) MVP Health Care		upation (for Individual) 2, Chief Financial Officer		М	emo	o Item					
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		960.00	]								
SUBTOTAL of Receipts This Page (op	tional)		►			<u>y</u>	9	-	180.0	)0	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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43

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa									
✓       Full Name of Individual (Last, First, Middle         A.       Austen, Karla, , ,         Mailing Address 25 Carriage House Lane         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For:         □       Primary         □       General         Other (specify)       ▼	State NY C Occ EVF	Zip Code 12866 upation (for Individual) P, Chief Financial Officer Year-to-Date ▼ 1020.00		moun	sacti	14 ion ID	: SA11AI	nis Perioo	
B. Full Name of Individual (Last, First, Middle Austen, Karla, , , Mailing Address 25 Carriage House Lane	Initial) or Full C	Organization Name	C	Date o		eceipt 28		2020	Ŷ
City Saratoga Springs FEC ID number of contributing federal political committee.	Saratoga Springs     NY     12866       FEC ID number of contributing     C								1.00
Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	EVI	upation (for Individual) P, Chief Financial Officer Year-to-Date ▼ 1080.00		M	lemc	) Item			
Full Name of Individual (Last, First, Middle         C. Austen, Karla, , ,         Mailing Address 25 Carriage House Lane         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For:         Primary       General         Other (specify)	State NY C Occ EVF			moun	sact	11 ion ID	: SA11AI	nis Perioo	
SUBTOTAL of Receipts This Page (optional).						, .	9	180	.00

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

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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         8         OF           (check only one)         11a         11b         11c         12           13         14         15         16         16
			person for the purpose of soliciting contribution be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC		
Full Name of Individual (Last, First, Midd Austen, Karla, , , Mailing Address 25 Carriage House Lane	,	organization Name	Date of Receipt
City Saratoga Springs	State NY	Zip Code 12866	09         25         2020           Transaction ID : SA11AI.52821           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) P, Chief Financial Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	]
Full Name of Individual (Last, First, Midd B. Cameron, Carl, , ,	le Initial) or Full O	Organization Name	Date of Receipt
Mailing Address 70 Barclay Square Drive			

Other (specify)	1200.00	
Full Name of Individual (Last, First, Mido 3. Cameron, Carl, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 70 Barclay Square Drive		07 03 2020
City Rochester	StateZip CodeNY14618	Transaction ID : SA11AI.52843 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	-
Full Name of Individual (Last, First, Mide Cameron, Carl, , , Mailing Address 70 Barclay Square Drive		Date of Receipt
City Rochester	StateZip CodeNY14618	07     17     2020       Transaction ID : SA11AI.52844       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	Occupation (for Individual) VP	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option	al) 🕨	120.00
TOTAL This Period (last page this line nur	nber only)	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Full Name of Individual (Last, First, Middle Initial) or Full         A.       Cameron, Carl, , ,         Mailing Address       70 Barclay Square Drive			rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.52845
	Rochester	NY	14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item
	MVP Health Care	VP		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			1
	Other (specify) <b>v</b>		480.00	
в.	Full Name of Individual (Last, First, Middle Init Cameron, Carl, , ,	tial) or Full O	organization Name	Date of Receipt
	Mailing Address 70 Barclay Square Drive			08 14 2020
	City	State	Zip Code	Transaction ID : SA11AI.52846
	Rochester	NY	14618	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	Occi VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General			1
	Other (specify) <b>v</b>		, 510.00	
c.	Full Name of Individual (Last, First, Middle Init Cameron, Carl, , ,	tial) or Full O	rganization Name	Date of Receipt
	Mailing Address 70 Barclay Square Drive			08 28 2020
	City	State	Zip Code	Transaction ID : SA11AI.52847
	Rochester	NY	14618	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	Occu VP	upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify)	Aggregate	540.00	1
s	UBTOTAL of Receipts This Page (optional)			90.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)						= 43						
			Detailed Summary Page	<b>X</b> 11a		11c	12	_						
	ny information copied from such Reports and S													
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to solicit c	ontributions	s from such	committe	90.						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal													
Α.	Full Name of Individual (Last, First, Middle In Cameron, Carl, , ,	itial) or Full O	rganization Name	Date	of Receipt									
	Mailing Address 70 Barclay Square Drive			M M / D D / Y Y Y Y 09 11 2020										
	City	State	Zip Code	Trai	nsaction ID	) : SA11AI.	52848							
	Rochester	NY	14618	Amou	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					30.0	00						
	Name of Employer (for Individual) MVP Health Care	upation (for Individual)		Memo Item	I									
	Receipt For:	Aggregate	Year-to-Date V											
	Primary     General       Other (specify) ▼	570.00	1											
в.	Full Name of Individual (Last, First, Middle In Cameron, Carl, , ,	itial) or Full O	rganization Name	Date	of Receipt									
	Mailing Address 70 Barclay Square Drive	1		M 09		25 / Y	y y 2020	Y						
	City	State	Zip Code			: SA11AI.5								
	Rochester	NY	14618	Amou	nt of Each	Receipt th	is Period							
	FEC ID number of contributing federal political committee.	С					30.0	00						
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item										
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Other (specify) ▼		600.00	]										
С.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full O	rganization Name	Date	of Receipt									
	Mailing Address 19 Julia Court			07		D / Y )3	2020	Y						
	City	State	Zip Code	Trai	nsaction ID	D : SA11AI.	52850							
	Mahopac	NY	10541	Amou	nt of Each	Receipt thi	is Period							
	FEC ID number of contributing federal political committee.	С			40.00									
	Name of Employer (for Individual) MVP Health Care	Occi	upation (for Individual)		Memo Item	1								
	Receipt For:		Year-to-Date ▼											
Primary General Other (specify) General														

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TOTAL This Period (last page this line number only)		Ţ		Ţ			-		1

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	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       11       OF       43         (check only one)
or		e name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
Α.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , , Mailing Address 19 Julia Court	itial) or Full (	Drganization Name	Date of Receipt
	City Mahopac	State NY	Zip Code 10541	07     17     2020       Transaction ID : SA11AI.52851       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	cupation (for Individual)	40.00 Memo Item
	MVP Health Care Receipt For: Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 600.00	
	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , , Mailing Address 19 Julia Court	itial) or Full (	Drganization Name	Date of Receipt
	City Mahopac FEC ID number of contributing	State NY	Zip Code 10541	Transaction ID : SA11AI.52852 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) MVP Health Care		cupation (for Individual)	40.00 Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 640.00	
	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , , Mailing Address 19 Julia Court	itial) or Full (	Drganization Name	Date of Receipt
	City Mahopac FEC ID number of contributing	State NY	Zip Code 10541	Transaction ID : SA11AI.52853           Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual)		cupation (for Individual)	40.00 Memo Item
	MVP Health Care Receipt For: Primary General Other (specify)	Aggregate	P Year-to-Date ▼ 680.00	1

SUBTOTAL of Receipts This Page (optional)		l	9		9	12	20.00	כ	
TOTAL This Period (last page this line number only)	Г	Ţ							

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 12 OF 43 (check only one)										
			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
			person for the purpose of soliciting contributions to solicit contributions from such committee.											
	DF COMMITTEE (In Full) Health Care Inc. Federal	PAC												
A. Clanc	ne of Individual (Last, First, Middle Ir /, Catherine, , ,	nitial) or Full O	rganization Name	Date of Receipt										
	Address 19 Julia Court			08 28 2020										
City Mahopa	ac	State NY	Zip Code 10541	Transaction ID : SA11AI.52854 Amount of Each Receipt this Period										
	number of contributing political committee.	С		40.00										
	f Employer (for Individual) alth Care	Occi EVF	upation (for Individual)	Memo Item										
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	]										
B. Cland	ne of Individual (Last, First, Middle Ir y, Catherine, , ,	nitial) or Full O	rganization Name	Date of Receipt										
	Address 19 Julia Court			09 11 2020										
City Mahopa	C	State NY	Zip Code 10541	Transaction ID : SA11AI.52855 Amount of Each Receipt this Period										
	number of contributing political committee.	С		40.00										
	f Employer (for Individual) alth Care	Occi EVF	upation (for Individual)	Memo Item										
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ , 760.00	]										
	ne of Individual (Last, First, Middle Ir cy, Catherine, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing	Address 19 Julia Court	State	Zip Code	09 / 25 / 2020 Transaction ID : SA11AI.52856										
Mahopa	ac	NY	10541	Amount of Each Receipt this Period										
	number of contributing political committee.	C		40.00										
	f Employer (for Individual) ealth Care For:	EVP	upation (for Individual) Year-to-Date ▼	Memo Item										

800.00

100

Primary

Other (specify)

General

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

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

120.00

1.000

#### Image# 202011249337120761

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS				or each category of the Detailed Summary Page	×	11a	a		11b 14		11c 15	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the									of sol	liciting		utions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC											
Α.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	ization Name		Date	of	Re	ceipt						
	Mailing Address 106 Birch Street					м 0	™ 7	1	D 0	<sup>р</sup> З	/ Y	y y 2020	Y
	City Liverpool	State NY		Zip Code 13088	_				i <b>on ID</b> Each			52877 is Peric	d
	FEC ID number of contributing federal political committee.	С									-	4	0.00
	Name of Employer (for Individual) MVP Health Care	Occi VP	cupati	on (for Individual)			Me	emo	Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼ 560.00									
в.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full O	Drgan	ization Name		Date	of	Re	ceipt				
	Mailing Address 106 Birch Street			Zip Code		07 17 2020							
	City Liverpool								<b>on ID</b> Each			52878 is Peric	d
	FEC ID number of contributing federal political committee.	С									-	4	0.00
	Name of Employer (for Individual) MVP Health Care	Occ VP		ion (for Individual)		Ц	Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 600.00									
с.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full O	Drgan	ization Name		Date	of	Re	ceipt				
	Mailing Address 106 Birch Street					<sup>™</sup> 0	7 <sup>™</sup>	1		D 1	/ Y	2020	Y
	City Liverpool	State NY		Zip Code 13088	_							<b>52879</b> is Peric	d
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	Name of Employer (for Individual) MVP Health Care	r Individual) Occupation (for Individual) Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 640.00									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		_	11a 13		] 11   14	1b 4	110	- H	12 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the												contrib		
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC													
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , ,						Date of Receipt								
	Mailing Address 106 Birch Street					08 / 14 / Y Y Y Y 2020									
	City Liverpool	State NY		Zip Code 13088							SA11		2880 Period	4	
	FEC ID number of contributing federal political committee.	С							1		looonp			.00	
	Name of Employer (for Individual) MVP Health Care	Occ VP	upat	ion (for Individual)	Memo Item										
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в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , ,						ate of	Re	ece	ipt					
	Mailing Address 106 Birch Street								08 / D D / Y Y Y Y 08 28 2020						
	City Liverpool	State NY		Zip Code 13088	_	Transaction ID : SA11AI.52881 Amount of Each Receipt this Period							k		
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	Name of Employer (for Individual) MVP Health Care	Occ VP		Memo Item											
	Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       720.00														
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	Mailing Address 106 Birch Street						09	/	ľ	D 11	/	Y	y y 2020	Y	
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upat	ion (for Individual)			Me	emo	o It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 760.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 15 OF

			Detailed Summary Page	×	11a 13		11b	11c	12	17				
Ar	y information copied from such Reports and S	Statements m	ay not be sold or used by any p	erson	for the	pur	pose of	soliciting	g contribu	itions				
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$\left \right\rangle$	MVP Health Care Inc. Federal I	PAC												
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	Mailing Address 106 Birch Street				<sup>M</sup> 09	1	25	) / Y	Y Y 2020	Y				
	City Liverpool	State NY	Zip Code 13088	-				SA11AI.						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 40.00 Memo Item									
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00	]										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , ,						eceipt							
	Mailing Address 2854 W. Old State Road		07 03 2020											
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.52884 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.		60.00											
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Operating Officer		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , , 840.00	]										
с.	Full Name of Individual (Last, First, Middle In Del Vecchio, Christopher, , ,	itial) or Full C	Organization Name		Date o	of Re	eceipt							
	Mailing Address 2854 W. Old State Road		1		<sup>M</sup> 07		D D 17	JL	Y Y 2020	Y				
	City Schenectady	State NY	Zip Code 12303				-	SA11AL	.52885 his Period					
	FEC ID number of contributing federal political committee.	С			Amoun				60.	_				
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	MVP Health Care Receipt For:		ef Operating Officer	_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 900.00	]										
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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:

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Mailing Address 2854 W. Old State Road																
				07	ľ	31		2020								
City	State	Zip Code		Trans	acti	ion ID :	SA11AI.	52886								
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Full Name of Individual (Last, First, Midd B. Del Vecchio, Christopher, , ,	lle Initial) or Full O	rganization Name		Date of	f Ro	coint										
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Walling Address 2854 W. Old State Road				м м 08		14		2020	■ Y							
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Mailing Address 2854 W. Old State Road	I			м м 08	/	28		2020	Y	1						
City	State	Zip Code		Trans	act	ion ID :	SA11AI.	1		1.						
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MVP Health Care		f Operating Officer			00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11			for each category of the Detailed Summary Page			<b>X</b> 11a 13		11b	11c		2	17			
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC													
Α.	Full Name of Individual (Last, First, Middle Init Del Vecchio, Christopher, , ,	ial) or Full O	)rgan	ization Name		Date of	f Re	eceipt							
	Mailing Address 2854 W. Old State Road				09 11 2020										
	City Schenectady	StateZip CodeNY12303					Transaction ID : SA11AI.52889 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			60.00										
	Name of Employer (for Individual) MVP Health Care	Occi Chie		M	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date  1140.00											
в.	Full Name of Individual (Last, First, Middle Init Del Vecchio, Christopher, , ,	ial) or Full O	rgan	ization Name		Date of	f Re	eceipt							
	Mailing Address 2854 W. Old State Road					м м 09	1	25	/ Y	2020	0				
	City Schenectady	State NY		Zip Code 12303	Transaction ID : SA11AI.52890 Amount of Each Receipt this Per										
	FEC ID number of contributing federal political committee.						60.00								
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Chief Operating Officer				Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00													
с.	Full Name of Individual (Last, First, Middle Init Estey, Jordan, T, ,	ial) or Full O	rgan	ization Name		Date of	f Re	eceipt							
	Mailing Address 37 Campus Club Drive					м м 07	/	03	/ Y	y 2020					
	City Guilderland	State NY		Zip Code 12084					SA11AI.			_			
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	, ,		70.00	)			
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager				M	emc	o Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 980.00													
s	UBTOTAL of Receipts This Page (optional)				• -			,	9	1	90.00	)			

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	y information copied from such Reports and St for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	al) or Full (	Drganization Name	Date of Receipt							
Mailing Address 37 Campus Club Drive				07 17 2020							
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.52920 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		70.00							
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) nager	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1050.00								
в.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, , Mailing Address 37 Campus Club Drive	al) or Full (	Drganization Name	Date of Receipt							
	City	State	Zip Code	Transaction ID : SA11AI.52921							
	Guilderland	NY	12084	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		70.00							
	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) mager	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	• Year-to-Date ▼ 1120.00								
с.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	al) or Full (	Drganization Name	Date of Receipt							
	Mailing Address 37 Campus Club Drive			08 / D D / Y Y Y Y 2020							
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.52922           Amount of Each Receipt this Period							
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) nager	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)			1190.00								

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SCHEDULE A	(FEC Form 3X)
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC											
A.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	Date of Receipt											
	Mailing Address 37 Campus Club Drive			M         M         /         D         D         /         Y									
	City	State NY	Zip Code	Transaction ID : SA11AI.52923									
	Guilderland		12084	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item									
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	Other (specify) ▼												
в.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	Date of Receipt											
	Mailing Address 37 Campus Club Drive	09 11 2020											
	City	State	Zip Code	Transaction ID : SA11AI.52924									
	Guilderland	NY	12084	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		70.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item									
	Receipt For: Primary General Other (specify) ▼	ot For: Aggregate Year-to-Date ▼ Primary General											
<u> </u>	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full O	Organization Name	Date of Receipt									
	Mailing Address 37 Campus Club Drive			09 25 2020									
	City	State	Zip Code	Transaction ID : SA11AI.52925									
	Guilderland	NY	12084	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		70.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary     General       Other (specify)		1400.00										
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	ny information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC								
Full Name of Individual (Last, First, Middle Initial) or A. Flor, Ian, , ,				nization Name	Date of Receipt					
	Mailing Address 144 Watch Hill Road				07 03 2020					
	City State			Zip Code	Transaction ID : SA11AI.52947					
	Cortlandt Manor	NY		10567	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			ion (for Individual)	Memo Item					
	Receipt For:	Aggregate	Yea	r-to-Date 🔻						
	Other (specify) ▼		-7-	420.00	]					
– R	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , ,	al) or Full C	Drgar	nization Name	Date of Receipt					
υ.	Mailing Address 144 Watch Hill Road	07 17 2020								
	City Cortlandt Manor	State NY		Zip Code 10567	Transaction ID : SA11AI.52948 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	•	ion (for Individual)	Memo Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼						
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С.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drgar	nization Name	Date of Receipt					
	Mailing Address 144 Watch Hill Road				07 / D D / Y Y Y Y 2020					
	City Cortlandt Manor	State NY		Zip Code 10567	Transaction ID : SA11AI.52949					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period					
Name of Employer (for Individual)		Occupation (for Individual) VP			Memo Item					
	MVP Health Care Receipt For:		Vac	r-to-Date ▼						
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 OF 43 (check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Full Name of Individual (Last, First, Middle Init A. Flor, Ian, , ,	tial) or Full C	Drganization Name	Date of Receipt
Mailing Address 144 Watch Hill Road			08 / D D / Y Y Y Y 08 14 2020
City	State	Zip Code	Transaction ID : SA11AI.52950
Cortlandt Manor	NY	10567	Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General			
Other (specify) <b>v</b>		510.00	
Full Name of Individual (Last, First, Middle Init B. Flor, Ian, , ,	tial) or Full C	Drganization Name	Date of Receipt
Mailing Address 144 Watch Hill Road			08 28 2020
City	State	Zip Code	Transaction ID : SA11AI.52951
Cortlandt Manor	NY	10567	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:	Aggregate	Year-to-Date V	
Other (specify) ▼		, 540.00	]
Full Name of Individual (Last, First, Middle Init C. Flor, Ian, , ,	tial) or Full C	Drganization Name	Date of Receipt
Mailing Address 144 Watch Hill Road			09 11 2020
City	State	Zip Code	Transaction ID : SA11AI.52952
Cortlandt Manor	NY	10567	Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
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Primary General	Aggregate		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	City Cortlandt Manor	State NY	· · ·	Code 567							SA11			
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (i	for Individual)		C	Me	emo	o Ite	em				
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в.	Full Name of Individual (Last, First, Middle Initi Glavey, Patrick, , ,	al) or Full C	rganizatio	on Name		Da	ate of	Re	ecei	ipt				
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	City Pittsford	State NY		Code 180	_						SA11/			1
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SCHEDULE A	(FEC Form 3X)
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	MVP Health Care Inc. Federal P	PAC									
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Α.	Glavey, Patrick, , , Mailing Address 3 Park Forest Drive				_	Date o		·	_		
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Arry Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.         NMME OF COMMITTEE (in Full)       MVP Health Care Inc. Federal PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Recorpt.         Other Commercial political committee.       Date of Recorpt.         City       State       Zip Code         Field Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Recorpt.         Name of Employer (for Individual)       Occupation (for Individual)       Date of Recorpt.         Name of Employer (for Individual)       Occupation (for Individual)       Date of Recorpt.         Mailing Address 38 Fox Hill Drive       Operation (for Individual)       Date of Recorpt.         Mailing Address 38 Fox Hill Drive       Operation (for Individual)       Date of Recorpt.         Mailing Address 38 Fox Hill Drive       Operation (for Individual)       Date of Recorpt.         Mailing Address 38 Fox Hill Drive       Operation (for Individual)       Date of Recorpt.         Mailing Address 38 Fox Hill Drive       Operation (for Individual)       Director         Name of Individual (Last, First, Middle Initial) or Full Organization Name       Aggregate Vear-to-Date V       Date of	11	EMIZED RECEIPTS	tor each category of the Detailed Summary Page				_	1a		111	b	11c		12						
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.          NAME CF COMMITTEE (in Full)         MWTP Health Care Inc. Federal PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Husted, Kevin, , ,         Mailing Address 38 Fox Hill Drive         City         Fairpot         Name of Employer (for Individual)         MVP Health Care         Receipt For:         Other (specify) ▼         Agregate Year-to-Date ▼         Primary         General         Other (specify) ▼         State         Date of Receipt         Mailing Address 38 Fox Hill Drive         City         Fairpot         Agregate Year-to-Date ▼         Primary         General         Other (specify) ▼         State         B. Husted, Kevin, , ,         Mailing Address 38 Fox Hill Drive         City         Fairport         Agregate Year-to-Date ▼         Primary         General         Other (specify) ▼         Name of Employer (for Individual)         Director         Aggregate Year-to-Date ▼	<u> </u>							-				-		-	17					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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or for commercia	al purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
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SCHEDULE A	(FEC	Form	3X)
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SCHEDULE A	(FEC Form 3X)
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	Receipt For:	Aggregate	Year-to-Date <b>V</b>																
	Primary General Other (specify) ▼		, 280.00																
<u>с.</u>	Full Name of Individual (Last, First, Middle In Montgomery, Susan, , ,	itial) or Full C	Organization Name			Date o	of R	Rece	eipt										
	Mailing Address 12 Feeney Road					<sup>м</sup> 07	N	/	D D 17	/ Y	2020		Y						
	City Ossining	State NY	Zip Code 10562							SA11AI									
			10302		-	Amour	nt o	ofE	ach R	eceipt th	nis Peri	od							
	FEC ID number of contributing federal political committee.	С				Ļ.	_	9			2	20.0	0						
	Name of Employer (for Individual) MVP Health Care	Individual) Occupation (for Individual) VP								Memo Item									
		Aggregate	Year-to-Date <b>V</b>																
	Primary General Other (specify)		300.00																
	UBTOTAL of Receipts This Page (optional)							,	_	y	g	0.00	0						
T	OTAL This Period (last page this line number	only)				L		_				-							

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗     11a     11b     11c     12       13     14     15     16     17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC	
Full Name of Individual (Last, First, Middle Montgomery, Susan, , , Mailing Address 12 Feeney Road City Ossining FEC ID number of contributing federal political committee.	Initial) or Full Organization Name          State       Zip Code         NY       10562	Date of Receipt 07 / 31 / 2020 Transaction ID : SA11AI.53090 Amount of Each Receipt this Period 20.00
Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) VP Aggregate Year-to-Date ▼ 320.00	Memo Item
Full Name of Individual (Last, First, Middle         Montgomery, Susan, , ,         Mailing Address 12 Feeney Road         City         Ossining         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For:         Primary       General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         NY       10562         C       Occupation (for Individual)         VP       Aggregate Year-to-Date ▼         340.00       340.00	Date of Receipt 08 14 2020 Transaction ID : SA11AI.53091 Amount of Each Receipt this Period 20.00 Memo Item
Full Name of Individual (Last, First, Middle         Montgomery, Susan, , ,         Mailing Address 12 Feeney Road         City         Ossining         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For:         Primary       General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         NY       10562         C       Occupation (for Individual)         VP       Aggregate Year-to-Date ▼         360.00       360.00	Date of Receipt 08 / 28 / 2020 Transaction ID : SA11AI.53092 Amount of Each Receipt this Period 20.00 Memo Item
SUBTOTAL of Receipts This Page (optional).		60.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 37 OF

11	EMIZED RECEIPTS	FIS for each category of the Detailed Summary Page							] 11   14	1b 4	110	;	12 16		17	
	y information copied from such Reports and Sta for commercial purposes, other than using the												ontrib			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC														
Α.	Full Name of Individual (Last, First, Middle Initi Montgomery, Susan, , ,	al) or Full O	rga	nization Name			Date o	f Re	ece	ipt						
	Mailing Address 12 Feeney Road				09 / 11 / 2020 Transaction ID : SA11AI.53093											
	City Ossining	State NY		Zip Code 10562	-											
	FEC ID number of contributing	C	-		Amount of Each Receipt this Period											
	federal political committee.				Memo Item											
	Name of Employer (for Individual) MVP Health Care	VP	upa	tion (for Individual)		1		emc	5 10	em						
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻												
	Other (specify) ▼		-	380.00												
В.	Full Name of Individual (Last, First, Middle Initi Montgomery, Susan, , ,	al) or Full O	rga	nization Name			Date o	f Re	ece	ipt						
	Mailing Address 12 Feeney Road					ſ	м м 09	/	Γ	25	/	Y	y y 2020	Y		
	City	State		Zip Code		1	Trans	acti	ion	ID :	SA11	AI.53	094			
	Ossining	NY		10562		A	moun	t of	Ea	ach F	leceipt	this	Perio	b		
	FEC ID number of contributing federal political committee.	С	С						20.00							
	Name of Employer (for Individual) MVP Health Care	Occ VP	Occupation (for Individual) VP							em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 400.00												
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Roohan, Patrick, , ,	al) or Full O	rga	nization Name			Date o	f Re	ece	ipt						
	Mailing Address 1341 Partridge Drive					I	м м 07	/	Γ	03	) /		y y 2020	Y		
	City Castleton	State NY		Zip Code 12033							SA11					
	Castleton		_	12033	_	Α	moun	t of	Ea	ach F	leceip	this	Perio	b	_	
	FEC ID number of contributing federal political committee.	С	_			ļ	_		,			_	30	.00		
	Name of Employer (for Individual) MVP Health Care	Occi VP	upa	tion (for Individual)			М	emo	o It	em						
	Receipt For:	1	Vor	ar-to-Date <b>V</b>												
	Primary General Other (specify)		-	420.00												
s	UBTOTAL of Receipts This Page (optional)			•					9	-		=	70	.00	]	
т	OTAL This Period (last page this line number o	only)	•••••	•					-							

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 OF 43									
IT	EMIZED RECEIPTS		for each category of the	(check only one)									
-			Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
<u>,</u>		<u> </u>		13   14   15   16   17									
				person for the purpose of soliciting contributions be to solicit contributions from such committee.									
$\backslash$	NAME OF COMMITTEE (In Full)												
	MVP Health Care Inc. Federal	PAC											
_	Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name										
Α.	Roohan, Patrick, , ,			Date of Receipt									
	Mailing Address 1341 Partridge Drive			07 17 2020									
	City	State	Zip Code	Transaction ID : SA11AI.53124									
	Castleton	NY	12033	Amount of Each Receipt this Period									
	FEC ID number of contributing												
	federal political committee.	С		30.00									
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item									
	MVP Health Care	VP											
	Receipt For:		Year-to-Date ▼										
	Primary General	Ayyreyale		-									
	Other (specify)		450.00										
P	Full Name of Individual (Last, First, Middle In Roohan, Patrick, , ,	itial) or Full O	rganization Name	Date of Receipt									
D.	Mailing Address 1341 Partridge Drive			·									
	Maining Address [34] Partriage Drive			07 31 2020									
	City	State	Zip Code	Transaction ID : SA11AI.53125									
	Castleton	NY	12033	Amount of Each Receipt this Period									
	FEC ID number of contributing												
	federal political committee.	С		30.00									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	MVP Health Care	VP											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		400.00										
	Other (specify) <b>v</b>		480.00										
	Full Name of Individual (Last, First, Middle In	itial) or Full O	rganization Name										
C.	Roohan, Patrick, , ,			Date of Receipt									
	Mailing Address 1341 Partridge Drive			08 14 2020									
	City	State	Zip Code	Transaction ID : SA11AI.53126									
	Castleton	NY	12033	Amount of Each Receipt this Period									
	FEC ID number of contributing	0											
	federal political committee.	С		30.00									
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
	MVP Health Care	VP											
	Receipt For:		Year-to-Date ▼										
	Primary General	, iggi ogale											
	Other (specify)		510.00										
			App. 1 App. 1 App. 1										

SUBTOTAL of Receipts This Page (optional)									90.UC		
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TOTAL This Period (last page this line number only)	L			-			-	 	-		

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

	EMIZED RECEIPTS		for each cat Detailed Sur	egory of the mmary Page	×	11a 13		11b 14	11c	12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC											
Α.	Full Name of Individual (Last, First, Middle Initi Roohan, Patrick, , ,	al) or Full C	rganization Nar	[	Date of Receipt								
	Mailing Address 1341 Partridge Drive							08 / D D / Y Y Y Y 2020					
	City Castleton	State NY	Zip Code 12033						: SA11AI. Receipt th		1		
	FEC ID number of contributing federal political committee.	С						,		30	.00		
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Indi	ividual)		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	540.00	1								
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roohan, Patrick, , ,						Date of Receipt						
	Mailing Address 1341 Partridge Drive							09 11 2020					
	City Castleton	State NY	Zip Code 12033			Transaction ID : SA11AI.53128 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C					30.00						
	Name of Employer (for Individual) MVP Health Care	Occ VP		Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼	570.00									
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roohan, Patrick, , ,						f Rec	ceipt					
	Mailing Address 1341 Partridge Drive	illing Address 1341 Partridge Drive							09 / 25 / Y Y Y Y 2020				
	City Castleton	State NY	Zip Code 12033		<i>F</i>				: SA11AI		1		
	FEC ID number of contributing federal political committee.	С			Memo Item								
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Indi										
_	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00											
s	UBTOTAL of Receipts This Page (optional)							,		90	.00		
Т	OTAL This Period (last page this line number o	nly)						<b>y</b>		3940	.00		

S	CHEDULE B (FEC Form 3X)	[		FOR	LINE I	NUMBER: PAGE 40 OF 43					
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		k only one)						
		Detailed			210 28a	22 <b>X</b> 23 26 27 28b 28c 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the nar										
$\setminus$	NAME OF COMMITTEE (In Full)	_									
	MVP Health Care Inc. Federal PA	C									
Α.	Full Name (Last, First, Middle Initial) BRIAN HIGGINS FOR CONGRES		Date of Disbursement								
	Mailing Address P.O. BOX 28	09 25 2020									
	City BUFFALO	State Zip Code NY 14220				FEC Identification Number					
	Purpose of Disbursement			011		C C00401034 Transaction ID : SB23.49414					
	Candidate Name BRIAN HIGGINS FOR CONGRES	S	S Category Type Primary X General			Amount of Each Disbursement this Period					
	Senate	Primary				1000.00					
	State: NY District: 26	Other (spe	city) 🔻			Memo Item					
в.	Full Name (Last, First, Middle Initial) ELISE FOR CONGRESS					Date of Disbursement					
	Mailing Address PO BOX 338		09 25 2020								
	City WILLSBORO	State NY	Zip Code 12996			FEC Identification Number					
	Purpose of Disbursement		C C00547893 Transaction ID : SB23.49411								
			Catego		Amount of Each Disbursement this Period						
	ELISE FOR CONGRESS Office Sought:	2020	Туре		1000.00						
	Senate	General									
	State: NY District: 21	cify)			Memo Item						
C.	Full Name (Last, First, Middle Initial) JACOBS, CHRISTOPHER L., , ,		Date of Disbursement								
	Mailing Address PO BOX 893		09 25 / Y Y Y Y 2020								
	City HAMBURG	State NY	Zip Code 14075			FEC Identification Number					
	Purpose of Disbursement Candidate Name JACOBS, CHRISTOPHER L., , ,					C H0NY27090 Transaction ID : SB23.49415 Amount of Each Disbursement this Period					
	Office Sought: X House Disburse		1000.00								
	State: NY District: 27	Primary <b>x</b> General Other (specify) <b>v</b>				Memo Item					
Г											
s	UBTOTAL of Disbursements This Page (optional)				• ▶	3000.00					
т	OTAL This Period (last page this line number only	)				, ,					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b	one) 22 <b>X</b> 23 26 27				
Any information copied from such Reports and State or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	me and address of any polition						
Full Name (Last, First, Middle Initial) A. KATKO FOR CONGRESS Mailing Address PO BOX 133	State Zip Code		Date of Disbursement 09 / 25 / 2020				
CAMILLUS Purpose of Disbursement Candidate Name KATKO FOR CONGRESS	NY 13031	011 Category/ Type	FEC Identification Number C C00556365 Transaction ID : SB23.49413 Amount of Each Disbursement this Period 1000.00				
State:       NY       District:       24         Full Name (Last, First, Middle Initial)         B. MORELLE, JOSEPH D, , ,         Mailing Address       P.O. BOX 90914		Memo Item Date of Disbursement 09 25 2020					
ROCHESTER Purpose of Disbursement Candidate Name MORELLE, JOSEPH D, , ,	State Zip Code NY 14609	011 Category/ Type	FEC Identification Number C H8NY25105 Transaction ID : SB23.49419 Amount of Each Disbursement this Period 1000.00 Memo Item				
State:       NY       District:       25         Full Name (Last, First, Middle Initial)         C.       PAUL TONKO FOR CONGRESS         Mailing Address       911 CENTRAL AVENUE         DO DOX 201			Date of Disbursement				
ALBANY Purpose of Disbursement Candidate Name PAUL TONKO FOR CONGRESS Office Southt	State Zip Code NY 12206	011 Category/ Type	FEC Identification Number C C00450049 Transaction ID : SB23.49409 Amount of Each Disbursement this Period 1000.00				
State: NY District: 20	Primary <b>X</b> General Other (specify) <b>V</b>		Memo Item				
SUBTOTAL of Disbursements This Page (optional)			3000.00				

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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 42 OF 43					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only	/ one)					
			21b 28a	22     ★     23     26     27       28b     28c     29     30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam			by any perso	n for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)									
MVP Health Care Inc. Federal PAC	C								
Full Name (Last, First, Middle Initial) A. SEAN PATRICK MALONEY FOR	Date of Disbursement								
Mailing Address PO BOX 270				09 25 2020					
City NEWBURGH	State NY	Zip Code 12550		FEC Identification Number					
Purpose of Disbursement			012	C C00512426 Transaction ID : SB23.49410 Amount of Each Disbursement this Period					
Candidate Name			Category/						
SEAN PATRICK MALONEY FOR ( Office Sought: x House Disburser	CONGR		Туре	1000.00					
Senate President	Primary Other (spec	X General							
State: NY District: 18		<i>,</i> , ,		Memo Item					
Full Name (Last, First, Middle Initial) B. TOM REED FOR CONGRESS	Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS								
Mailing Address PO BOX 10847	Mailing Address PO BOX 10847								
City ROCHESTER	State NY	Zip Code 14610		FEC Identification Number					
Purpose of Disbursement	011								
Candidate Name TOM REED FOR CONGRESS	Category/ Type	Amount of Each Disbursement this Period							
	ment For: 2 Primary	2020 X General		1000.00					
State: NY District: 29	Other (spec		Memo Item						
Full Name (Last, First, Middle Initial)				Date of Disbursement					
				Date of Disbursement					
Mailing Address	Vailing Address								
City	State	Zip Code		FEC Identification Number					
Purpose of Disbursement	С								
Candidate Name	Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburser									
State: District:	Other (spec	cify) ▼		Memo Item					
SUBTOTAL of Disbursements This Page (optional)			····· •	2000.00					
TOTAL This Period (last page this line number only)				8000.00					

CHEDULE D (FEC Form 3X)			(Use separate	PAGE 43 OF 43			
DEBTS AND OBLIGATIONS			schedule(s)	FOR LINE NUMBER:			
			for each numbered line)	(check only one) 9			
				<b>X</b> 10			
IAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC							
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):			
Deluxe Business Checks			Check Prir	ting			
Mailing Address P.O. Box 742572							
City	State	Zip Code					
Cincinnati	OH	45274					
Outstanding Balance Beginning This Period	1		Transacti	on ID : SD10.4163			
145.00							
Amount Incurred This Period	Pay	yment This Period	Outstandi	Outstanding Balance at Close of This Period			
0.00		(	0.00	145.00			
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of D	ebt (Purpose):			
Media Well Done			Advertising	I			
Mailing Address 96 Jay Street							
City	State	Zip Code					
Schenectady	NY	12305					
Outstanding Balance Beginning This Period	1		Transac	tion ID : SD10.4165			
338.00							
Amount Insurred This Deried	Dev	mont This Daried	Quitatandi	na Rolongo et Class of This Deried			
Amount Incurred This Period	Pay	yment This Period	Outstandi	ng Balance at Close of This Period			
0.00		(	0.00	338.00			
C. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D	ebt (Purpose):			
Mailing Address							
City	State	Zip Code					
Outstanding Balance Beginning This Period			I				
Amount Incurred This Period	Pa	yment This Period	Outetandi	ng Balance at Close of This Period			
Amount mounted mis renod	1 43						
			<u>.    </u>				
SUBTOTALS This Period This Page (optional)				483.00			
				483.00			
) TOTALS This Period (last page this line number							
) TOTAL OUTSTANDING LOANS from Schedule	C (last page o	nly)	····	0.00			
) ADD 2) and 3) and carry forward to appropriate	line of Summa	ary Page (last page o	only) 🕨	483.00			