

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street Check if different than previously reported. (ACC) Schenectady NY 12305

2. FEC IDENTIFICATION NUMBER C C00431429 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of NY

5. Covering Period MM/DD/YYYY 10/01/2020 through MM/DD/YYYY 11/23/2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Estey, Jordan, T, , Type or Print Name of Treasurer

Signature of Treasurer Estey, Jordan, T, , [Electronically Filed] Date MM/DD/YYYY 11/24/2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="64166.34"/>	<input type="text" value="64166.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63881.34"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="3300.00"/>	<input type="text" value="21015.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67181.34"/>	<input type="text" value="85181.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17.00"/>	<input type="text" value="18017.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="67164.34"/>	<input type="text" value="67164.34"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2800.00	11560.00
(ii) Unitemized .....	500.00	9455.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3300.00	21015.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	3300.00	21015.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. 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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3300.00	21015.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3300.00	21015.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	17.00	17.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	17.00	17.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	18000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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
(c) Total Federal Election Activity (add 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)) ..	17.00	18017.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17.00	18017.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3300.00	21015.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3300.00	21015.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	17.00	17.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17.00	17.00

**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)	PAGE 6 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49426**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49427**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1380.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49428**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 7 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Austen, Karla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Carriage House Lane  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP, Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49429**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Bourgault, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3089 NY-43  
 City Averill Park State NY Zip Code 12018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Senior Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49438**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Bourgault, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3089 NY-43  
 City Averill Park State NY Zip Code 12018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Senior Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49439**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 8 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Bourgault, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3089 NY-43  
 City Averill Park State NY Zip Code 12018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Senior Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 11 / 06 / 2020  
**Transaction ID : SA11AI.49440**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Bourgault, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3089 NY-43  
 City Averill Park State NY Zip Code 12018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Senior Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 11 / 20 / 2020  
**Transaction ID : SA11AI.49441**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 10 / 09 / 2020  
**Transaction ID : SA11AI.49442**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 9 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2020  
**Transaction ID : SA11AI.49443**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2020  
**Transaction ID : SA11AI.49444**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Cameron, Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 Barclay Square Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020  
**Transaction ID : SA11AI.49445**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Clancy, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Julia Court  
 City Mahopac State NY Zip Code 10541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49446**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Clancy, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Julia Court  
 City Mahopac State NY Zip Code 10541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49447**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Clancy, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Julia Court  
 City Mahopac State NY Zip Code 10541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49448**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 11 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Clancy, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 Julia Court  
 City Mahopac State NY Zip Code 10541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 11 / 20 / 2020  
**Transaction ID : SA11AI.49449**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Colin, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 985 Victor Road  
 City Macedon State NY Zip Code 14502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 10 / 09 / 2020  
**Transaction ID : SA11AI.49454**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Colin, Wendy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 985 Victor Road  
 City Macedon State NY Zip Code 14502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 10 / 23 / 2020  
**Transaction ID : SA11AI.49455**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 12 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Colin, Wendy, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2020
Mailing Address 985 Victor Road			<b>Transaction ID : SA11AI.49456</b>
City Macedon	State NY	Zip Code 14502	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Colin, Wendy, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2020
Mailing Address 985 Victor Road			<b>Transaction ID : SA11AI.49457</b>
City Macedon	State NY	Zip Code 14502	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Deferio, Patricia, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2020
Mailing Address 106 Birch Street			<b>Transaction ID : SA11AI.49458</b>
City Liverpool	State NY	Zip Code 13088	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) MVP Health Care		Occupation (for Individual) VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 840.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2020  
**Transaction ID : SA11AI.49459**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2020  
**Transaction ID : SA11AI.49460**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**C. Deferio, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 Birch Street  
 City Liverpool State NY Zip Code 13088  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020  
**Transaction ID : SA11AI.49461**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 14 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49462**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49463**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1380.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49464**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Del Vecchio, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2854 W. Old State Road  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49465**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. DeSorbo, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Fort Hunter Road  
 City Amsterdam State NY Zip Code 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49466**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. DeSorbo, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Fort Hunter Road  
 City Amsterdam State NY Zip Code 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49467**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 46  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. DeSorbo, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Fort Hunter Road  
 City Amsterdam State NY Zip Code 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49468**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. DeSorbo, Todd, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 420 Fort Hunter Road  
 City Amsterdam State NY Zip Code 12010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49469**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Endres, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 Farm to Market Road  
 City Mechanicville State NY Zip Code 12218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49478**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 17 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Endres, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 Farm to Market Road  
 City Mechanicville State NY Zip Code 12218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49479**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Endres, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 Farm to Market Road  
 City Mechanicville State NY Zip Code 12218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49480**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Endres, Bill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 Farm to Market Road  
 City Mechanicville State NY Zip Code 12218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49481**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1470.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49482**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49483**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**C. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1610.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49484**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 19 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Estey, Jordan, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Campus Club Drive  
 City Guilderland State NY Zip Code 12084  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1680.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49485**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**B. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49498**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49499**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 20 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49500**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Flor, Ian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Watch Hill Road  
 City Cortlandt Manor State NY Zip Code 10567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49501**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Gauci, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 861 Central Parkway  
 City Schenectady State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Team Lead  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49502**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 21 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Gauci, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 861 Central Parkway

City Schenectady	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Team Lead
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2020

**Transaction ID : SA11AI.49503**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Gauci, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 861 Central Parkway

City Schenectady	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Team Lead
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2020

**Transaction ID : SA11AI.49504**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Gauci, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 861 Central Parkway

City Schenectady	State NY	Zip Code 12309
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Team Lead
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

**Transaction ID : SA11AI.49505**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 22 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Greenberg, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Swan Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49510**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Greenberg, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Swan Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49511**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Greenberg, Melissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Swan Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49512**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 46
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Greenberg, Melissa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Swan Place

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

**Transaction ID : SA11AI.49513**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Hogan, Rosemarie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12866
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2020

**Transaction ID : SA11AI.49518**

Amount of Each Receipt this Period  
30.00

Memo Item

**C. Hogan, Rosemarie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12866
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2020

**Transaction ID : SA11AI.49519**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 24 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49520**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hogan, Rosemarie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49521**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive  
 City Fairport State NY Zip Code 14450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49522**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 25 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2020  
**Transaction ID : SA11AI.49523**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2020  
**Transaction ID : SA11AI.49524**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C. Husted, Kevin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020  
**Transaction ID : SA11AI.49525**

Amount of Each Receipt this Period  
 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 26 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. LoBoen, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Cedar Knoll Drive  
 City Walkkill State NY Zip Code 12589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49538**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. LoBoen, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Cedar Knoll Drive  
 City Walkkill State NY Zip Code 12589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49539**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. LoBoen, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Cedar Knoll Drive  
 City Walkkill State NY Zip Code 12589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49540**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 27 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. LoBoen, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Cedar Knoll Drive  
 City Walkill State NY Zip Code 12589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49541**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Mackinnon, Matthew, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 East Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49550**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Mackinnon, Matthew, J., Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1523 East Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49551**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 28 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2020

**Transaction ID : SA11AI.49552**

Amount of Each Receipt this Period  
20.00

Memo Item

**B. Mackinnon, Matthew, J., Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

**Transaction ID : SA11AI.49553**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Martin, Augusta, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
630.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2020

**Transaction ID : SA11AI.49554**

Amount of Each Receipt this Period  
30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 29 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Martin, Augusta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2020

**Transaction ID : SA11AI.49555**

Amount of Each Receipt this Period  
 30.00

Memo Item

**B. Martin, Augusta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2020

**Transaction ID : SA11AI.49556**

Amount of Each Receipt this Period  
 30.00

Memo Item

**C. Martin, Augusta, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 20 / 2020

**Transaction ID : SA11AI.49557**

Amount of Each Receipt this Period  
 30.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:	PAGE 30 OF 46
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Merola, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 Haywood Gln

City Victor	State NY	Zip Code 14564
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Regional Medical Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2020

**Transaction ID : SA11AI.49562**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Merola, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 Haywood Gln

City Victor	State NY	Zip Code 14564
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Regional Medical Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2020

**Transaction ID : SA11AI.49563**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Merola, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 236 Haywood Gln

City Victor	State NY	Zip Code 14564
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Regional Medical Director
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2020

**Transaction ID : SA11AI.49564**

Amount of Each Receipt this Period  
10.00

Memo Item

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

30.00

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

**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)	PAGE 31 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Merola, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Haywood Gln  
 City Victor State NY Zip Code 14564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Regional Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49565**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49566**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49567**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 32 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49568**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Metheny, Laurie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Joellen Drive  
 City Rochester State NY Zip Code 14626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49569**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Molloy, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 York Avenue  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49570**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**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)	PAGE 33 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Molloy, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 York Avenue  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49571**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Molloy, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 York Avenue  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49572**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Molloy, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 84 York Avenue  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49573**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 34 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49574**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49575**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49576**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 35 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Montgomery, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Feeney Road  
 City Ossining State NY Zip Code 10562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49577**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Mulvey, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Glendale Avenue  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49582**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Mulvey, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Glendale Avenue  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49583**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 36 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Mulvey, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Glendale Avenue  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49584**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Mulvey, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Glendale Avenue  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49585**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Odorizzi, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 East Claremont Drive  
 City Voorheesville State NY Zip Code 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49586**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 46  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Odorizzi, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 East Claremont Drive  
 City Voorheesville    State NY    Zip Code 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care    Occupation (for Individual) VP  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49587**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Odorizzi, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 East Claremont Drive  
 City Voorheesville    State NY    Zip Code 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care    Occupation (for Individual) VP  
 Receipt For:  Primary     General  
                    Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49588**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Odorizzi, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 East Claremont Drive  
 City Voorheesville    State NY    Zip Code 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care    Occupation (for Individual) VP  
 Receipt For:  Primary     General  
                    Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49589**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00  
**TOTAL** This Period (last page this line number only).....▶

**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)	PAGE 38 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Retajczyk, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Williamsburg Drive  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49590**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Retajczyk, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Williamsburg Drive  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49591**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Retajczyk, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Williamsburg Drive  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49592**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 39 OF 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Retajczyk, Lynne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3039 Williamsburg Drive  
 City Schenectady State NY Zip Code 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49593**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Roohan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1341 Partridge Drive  
 City Castleton State NY Zip Code 12033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49594**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Roohan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1341 Partridge Drive  
 City Castleton State NY Zip Code 12033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 10 / 23 / 2020  
**Transaction ID : SA11AI.49595**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 40 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Roohan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1341 Partridge Drive  
 City Castleton State NY Zip Code 12033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49596**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Roohan, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1341 Partridge Drive  
 City Castleton State NY Zip Code 12033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49597**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Sax, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Broadway  
 City Saratoga Springs State NY Zip Code 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49610**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<b>TOTAL</b> This Period (last page this line number only).....	



**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)	PAGE 41 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Sax, Ellen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 Broadway

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2020

**Transaction ID : SA11AI.49611**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Sax, Ellen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 Broadway

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2020

**Transaction ID : SA11AI.49612**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Sax, Ellen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 510 Broadway

City Saratoga Springs	State NY	Zip Code 12866
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2020

**Transaction ID : SA11AI.49613**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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)	PAGE 42 OF 46
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Smith, Kelly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 Vanderlyn Lane

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2020

**Transaction ID : SA11AI.49622**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Smith, Kelly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 Vanderlyn Lane

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2020

**Transaction ID : SA11AI.49623**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Smith, Kelly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 Vanderlyn Lane

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2020

**Transaction ID : SA11AI.49624**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 43 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Smith, Kelly, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 632 Vanderlyn Lane

City Slingerlands	State NY	Zip Code 12159
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2020

**Transaction ID : SA11AI.49625**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Titsworth, Emily, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1394 Dean Street

City Niskayuna	State NY	Zip Code 12309
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP, Deputy General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2020

**Transaction ID : SA11AI.49630**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Titsworth, Emily, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1394 Dean Street

City Niskayuna	State NY	Zip Code 12309
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP, Deputy General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		23		2020

**Transaction ID : SA11AI.49631**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 44 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Titsworth, Emily, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1394 Dean Street  
 City Niskayuna State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 06 / 2020  
**Transaction ID : SA11AI.49632**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**B. Titsworth, Emily, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1394 Dean Street  
 City Niskayuna State NY Zip Code 12309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Deputy General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 20 / 2020  
**Transaction ID : SA11AI.49633**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. Viscusi, Rico, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 234 Autumn Run  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2020  
**Transaction ID : SA11AI.49642**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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)	PAGE 45 OF 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

**A. Viscusi, Rico, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Autumn Run

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		23		2020

**Transaction ID : SA11AI.49643**

Amount of Each Receipt this Period  
10.00

Memo Item

**B. Viscusi, Rico, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Autumn Run

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		06		2020

**Transaction ID : SA11AI.49644**

Amount of Each Receipt this Period  
10.00

Memo Item

**C. Viscusi, Rico, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 234 Autumn Run

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		20		2020

**Transaction ID : SA11AI.49645**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	30.00
<b>TOTAL</b> This Period (last page this line number only).....	2800.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 46
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Deluxe Business Checks</b>			Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572			
City Cincinnati	State OH	Zip Code 45274	

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>	<b>Transaction ID : SD10.4163</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="145.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Media Well Done</b>			Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street			
City Schenectady	State NY	Zip Code 12305	

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>	<b>Transaction ID : SD10.4165</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="338.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="483.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="483.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="483.00"/>