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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For	Other Than An A	Authorized	d Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in		E OR PRINT ▼			ning, type	12FE	4M5		
MVP Health C	AME OF OMMITTEE (in full) P Health Care Inc. Federal PAC ESS (number and street) Check if different than previously reported. (ACC) Schenectady Schenectady Schenectady Schenectady TYPE OR PRINT V Example: If typing, type over the lines. P Health Care Inc. Federal PAC ESS (number and street) Check if different than previously reported. (ACC) Schenectady Schenectady Schenectady Schenectady Schenectady Schenectady TYPE OF REPORT Choose One) April 15 Quarterly Report (Day 15 Quarterly Rep								
▼ `	nd street)	25 State Street							
		Schenectady				NY	12305	-[
2. FEC IDENTIFIC	CATION NUMB	ER ▼	CITY ▲			STATE A		ZIP COD	E A
C C004314	29	3		x					
(Choose One) (a) Quarterly Re	eports:	Report Due On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarter July 15 Quarter Cottobe Quarter	rly Report (Q1) r 15 rly Report (Q2) r 15 rly Report (Q3)	PRE-Election			(12C)	Spec	ial (12S)		Runoff (12R)
Year-Ei July 31 Report Year O Termina	nd Report (YE) Mid-Year (Non-election nly) (MY)	(d) 30-Day POST-Electio Report for the	n .	General (30				in the	Special (30S)
5. Covering Period	M M 07	/ D D / Y Y	YYY	through				YYY	
	E		t of my kno	wledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasur	er Estey, Jore	dan, T, ,		[Electronica	lly Filed]				2020
NOTE: Submission of	false, erroneous	, or incomplete inform	ation may su	ubject the pe	erson signing t	this Report	to the penalti	es of 52 L	J.S.C. § 30109

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

O FEC Form 3X (Rev. 05/2016)	F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From: 07	M / 01 / 2020 T	o: 09 / 30 / 2020
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2020		64176.34
(b) Cash on Hand at Beginning of Reporting Period	66061.34	
(c) Total Receipts (from Line 19)	6125.00	18010.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72186.34	82186.34
7. Total Disbursements (from Line 31)	8000.00	18000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64186.34	64186.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc	c. Federal PAC
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07 01 2020 09 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 4060.00 9000.00 (i) Itemized (use Schedule A)..... 2065.00 9010.00 (ii) Unitemized (iii) TOTAL (add 18010.00 6125.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 18010.00 6125.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3)..... 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 18010.00 12, 13, 14, 15, 16, 17, and 18(c))......▶ 6125.00 20. Total Federal Receipts 6125.00 18010.00 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schoolule H4)		
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	8000.00	18000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))		0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8000.00	18000.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	8000.00	18000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6125.00	18010.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6125.00	18010.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s)

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2020 City Zip Code State Transaction ID: SA11AI.48975 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2020 City State Zip Code Transaction ID: SA11AI.48976 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 2020 City Zip Code State Transaction ID: SA11AI.48977 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2020 City Zip Code State Transaction ID: SA11AI.49005 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 2020 City State Zip Code Transaction ID: SA11AI.49006 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 510.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cameron, Carl, , , Date of Receipt Mailing Address 70 Barclay Square Drive 28 2020 City Zip Code State Transaction ID: SA11AI.49007 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 2020 City Zip Code State Transaction ID: SA11AI.49011 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 07 2020 City State Zip Code Transaction ID: SA11AI.49012 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 640.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Clancy, Catherine, , , Date of Receipt Mailing Address 19 Julia Court 14 2020 City Zip Code State Transaction ID: SA11AI.49013 NY Mahopac 10541 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Deferio, Patricia, , , Date of Receipt Mailing Address 106 Birch Street 2020 City Zip Code State Transaction ID: SA11AI.49044 NY Liverpool 13088 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 07 2020 City State Zip Code Transaction ID: SA11AI.49045 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 840.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 17 2020 City Zip Code State Transaction ID: SA11AI.49046 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 31 2020 City Zip Code State Transaction ID: SA11AI.49047 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 80 2020 14 City Zip Code State Transaction ID: SA11AI.49048 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1020.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 28 2020 City Zip Code State Transaction ID: SA11AI.49049 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **Chief Operating Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... -

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 2020 City Zip Code State Transaction ID: SA11AI.49050 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Del Vecchio, Christopher, , , Date of Receipt Mailing Address 2854 W. Old State Road 09 2020 City State Zip Code Transaction ID: SA11AI.49051 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1200.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 03 2020 City Zip Code State Transaction ID: SA11AI.49080 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 980.00 Other (specify) 190.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2020 City Zip Code State Transaction ID: SA11AI.49081 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 07 2020 City State Zip Code Transaction ID: SA11AI.49082 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1120.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 14 2020 City Zip Code State Transaction ID: SA11AI.49083 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1190.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Estey, Jordan, T,, Date of Receipt Mailing Address 37 Campus Club Drive 2020 City Zip Code State Transaction ID: SA11AI.49084 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Estey, Jordan, T, , Date of Receipt Mailing Address 37 Campus Club Drive 09 2020 City State Zip Code Transaction ID: SA11AI.49085 Guilderland NY 12084 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1330.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Estey, Jordan, T, Date of Receipt Mailing Address 37 Campus Club Drive 25 2020 City Zip Code State Transaction ID: SA11AI.49086 NY Guilderland 12084 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 1400.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2020 City Zip Code State Transaction ID: SA11AI.49108 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 17 2020 City State Zip Code Transaction ID: SA11AI.49109 Cortlandt Manor NY 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 31 2020 City Zip Code State Transaction ID: SA11AI.49110 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2020 City Zip Code State Transaction ID: SA11AI.49111 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2020 City State Zip Code Transaction ID: SA11AI.49112 Cortlandt Manor NY 10567 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 11 2020 City Zip Code State Transaction ID: SA11AI.49113 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7 7

Receipt For:

Primary

Other (specify)

General

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Date of Receipt Mailing Address 144 Watch Hill Road 2020 City Zip Code State Transaction ID: SA11AI.49114 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2020 City State Zip Code Transaction ID: SA11AI.49122 Pittsford NY 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 17 2020 City Zip Code State Transaction ID: SA11AI.49123 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP**

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2020 City Zip Code State Transaction ID: SA11AI.49124 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2020 City State Zip Code Transaction ID: SA11AI.49125 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 28 2020 City Zip Code State Transaction ID: SA11AI.49126 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care **EVP** Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2020 City Zip Code State Transaction ID: SA11AI.49127 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Glavey, Patrick, , , Date of Receipt Mailing Address 3 Park Forest Drive 2020 City State Zip Code Transaction ID: SA11AI.49128 NY Pittsford 12180 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 03 2020 City Zip Code State Transaction ID: SA11AI.49157 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 2020 City Zip Code State Transaction ID: SA11AI.49158 Schenectady NY 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 07 2020 City State Zip Code Transaction ID: SA11AI.49159 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hogan, Rosemarie, , , Date of Receipt Mailing Address 45 Crestwood Drive 14 2020 City Zip Code State Transaction ID: SA11AI.49160 NY Schenectady 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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27 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2020 City Zip Code State Transaction ID: SA11AI.49164 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 07 2020 City State Zip Code Transaction ID: SA11AI.49165 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 450.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2020 City Zip Code State Transaction ID: SA11AI.49166 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2020 City Zip Code State Transaction ID: SA11AI.49167 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 80 2020 City State Zip Code Transaction ID: SA11AI.49168 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 11 2020 City Zip Code State Transaction ID: SA11AI.49169 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Husted, Kevin, , , Date of Receipt Mailing Address 38 Fox Hill Drive 2020 City Zip Code State Transaction ID: SA11AI.49170 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 07 2020 City State Zip Code Transaction ID: SA11AI.49213 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 17 2020 City Zip Code State Transaction ID: SA11AI.49214 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 31 2020 City Zip Code State Transaction ID: SA11AI.49215 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 80 14 2020 City State Zip Code Transaction ID: SA11AI.49216 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 28 2020 City Zip Code State Transaction ID: SA11AI.49217 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 2020 City Zip Code State Transaction ID: SA11AI.49218 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mackinnon, Matthew, J., Mr., Date of Receipt Mailing Address 1523 East Avenue 09 2020 City State Zip Code Transaction ID: SA11AI.49219 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 03 2020 City Zip Code State Transaction ID: SA11AI.49220 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2020 City Zip Code State Transaction ID: SA11AI.49221 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 07 2020 City State Zip Code Transaction ID: SA11AI.49222 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 14 2020 City Zip Code State Transaction ID: SA11AI.49223 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 2020 City Zip Code State Transaction ID: SA11AI.49224 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 09 2020 City State Zip Code Transaction ID: SA11AI.49225 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Martin, Augusta, , , Date of Receipt Mailing Address 113 Kaydeross Park Road 25 2020 City Zip Code State Transaction ID: SA11AI.49226 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2020 City Zip Code State Transaction ID: SA11AI.49241 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 07 2020 City State Zip Code Transaction ID: SA11AI.49242 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2020 City Zip Code State Transaction ID: SA11AI.49243 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 35 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2020 City Zip Code State Transaction ID: SA11AI.49244 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2020 City State Zip Code Transaction ID: SA11AI.49245 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 11 2020 City Zip Code State Transaction ID: SA11AI.49246 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Chief Risk Officer, VP Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Metheny, Laurie, , , Date of Receipt Mailing Address 21 Joellen Drive 2020 City Zip Code State Transaction ID: SA11AI.49247 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Chief Risk Officer, VP MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 07 2020 City State Zip Code Transaction ID: SA11AI.49255 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 280.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 17 2020 City Zip Code State Transaction ID: SA11AI.49256 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 37 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2020 City Zip Code State Transaction ID: SA11AI.49257 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 80 2020 City State Zip Code Transaction ID: SA11AI.49258 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 340.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 28 2020 City Zip Code State Transaction ID: SA11AI.49259 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

FOR LINE NUMBER: PAGE 38 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 2020 City Zip Code State Transaction ID: SA11AI.49260 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Montgomery, Susan, , , Date of Receipt Mailing Address 12 Feeney Road 09 2020 City State Zip Code Transaction ID: SA11AI.49261 NY Ossining 10562 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 03 2020 City Zip Code State Transaction ID: SA11AI.49290 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

FOR LINE NUMBER: PAGE 39 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2020 City Zip Code State Transaction ID: SA11AI.49291 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2020 City State Zip Code Transaction ID: SA11AI.49292 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 14 2020 City Zip Code State Transaction ID: SA11AI.49293 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... ___

FOR LINE NUMBER: PAGE 40 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 2020 City Zip Code State Transaction ID: SA11AI.49294 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 09 2020 City State Zip Code Transaction ID: SA11AI.49295 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 570.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Roohan, Patrick, , , Date of Receipt Mailing Address 1341 Partridge Drive 25 2020 City Zip Code State Transaction ID: SA11AI.49296 NY Castleton 12033 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... 4060.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 OF 44 (check only one)		
II EIVILED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	•			
Full Name (Last, First, Middle Initial) A. BRIAN HIGGINS FOR CONGRES:		Date of Disbursement M M / D D / Y Y Y Y Y 09 25 2020		
Mailing Address P.O. BOX 28				
City BUFFALO Purpose of Disbursement	State Zip Code NY 14220		FEC Identification Number	
Candidate Name BRIAN HIGGINS FOR CONGRESS	3	011 Category/ Type	Transaction ID : SB23.49414 Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For: 2020 Primary	Турс	1000.00 Memo Item	
Full Name (Last, First, Middle Initial) B. ELISE FOR CONGRESS Mailing Address PO BOX 338		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code NY 12996		FEC Identification Number	
Purpose of Disbursement Candidate Name ELISE FOR CONGRESS	011 Category/ Type	C C00547893 Transaction ID: SB23.49411 Amount of Each Disbursement this Period		
Senate	nent For: 2020 Primary 🗶 General Other (specify)		1000.00 Memo Item	
Full Name (Last, First, Middle Initial) C. JACOBS, CHRISTOPHER L., , ,			Date of Disbursement	
Mailing Address PO BOX 893			09 25 2020	
City S HAMBURG Purpose of Disbursement	State Zip Code NY 14075	011	FEC Identification Number C H0NY27090	
Candidate Name JACOBS, CHRISTOPHER L., , ,	Transaction ID : SB23.49415 Amount of Each Disbursement this Period			
Senate	nent For: 2020 Primary		1000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)		>	3000.00	
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF 44 (check only one)		
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	ments may not be sold or us ne and address of any politi	sed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
Full Name (Last, First, Middle Initial) A. KATKO FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 133		09 25 2020		
City CAMILLUS Purpose of Disbursement	State Zip Code NY 13031		FEC Identification Number	
Candidate Name		011 Category/	C C00556365 Transaction ID : SB23.49413 Amount of Each Disbursement this Period	
Senate	ment For: 2020 Primary	Type	1000.00 Memo Item	
Full Name (Last, First, Middle Initial) B. MORELLE, JOSEPH D, , , Mailing Address P.O. BOX 90914	Date of Disbursement M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
,	State Zip Code NY 14609	011	FEC Identification Number C H8NY25105	
Candidate Name MORELLE, JOSEPH D, , , Office Sought: House Disbursen	Category/ Type	Transaction ID : SB23.49419 Amount of Each Disbursement this Period 1000.00		
	Primary x General Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial) C. PAUL TONKO FOR CONGRESS	Date of Disbursement			
Mailing Address 911 CENTRAL AVENUE PO BOX 221			09 25 2020	
City ALBANY Purpose of Disbursement	State Zip Code NY 12206	011	FEC Identification Number C C00450049	
Candidate Name PAUL TONKO FOR CONGRESS	Transaction ID: SB23.49409 Amount of Each Disbursement this Period			
	nent For: 2020 Primary 🗶 General Other (specify) 🔻		1000.00 Memo Item	
SUBTOTAL of Disbursements This Page (optional)		·····	3000.00	
TOTAL This Period (last page this line number only)				

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THE WILL DISBURSE WIEN IS for each		rate schedule(s) category of the Summary Page	FOR LINE I (check only 21b 28a	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		- ·		
Full Name (Last, First, Middle Initial) A. SEAN PATRICK MALONEY FOR (Mailing Address PO BOX 270		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
· · · · · · · · · · · · · · · · · · ·	State	Zip Code		FEC Identification Number
NEWBURGH Purpose of Disbursement Candidate Name	NY	12550	012	C C00512426 Transaction ID: SB23.49410
SEAN PATRICK MALONEY FOR COnffice Sought: W	CONGRE nent For: 20 Primary Other (speci	020 x General	Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item
State: NY District: 18 Full Name (Last, First, Middle Initial)				Metho rent
B. TOM REED FOR CONGRESS Mailing Address PO BOX 10847		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
				FFO Identification Number
•	NY	14610	011	FEC Identification Number C C00464032 Transaction ID : SB23.49412
Candidate Name TOM REED FOR CONGRESS Category/ Type				Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For: 2 Primary Other (speci	✗ General	,,	1000.00 Memo Item
Full Name (Last, First, Middle Initial) C.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement		C		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	nent For: Primary Other (speci	General ify) ▼		Memo Item
				2000.00
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				8000.00

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

Excluding Loans

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

PAGE 44 OF 44 FOR LINE NUMBER: (check only one)

9 **X** 10

				1 1 2
	of committee (in full) P Health Care Inc. Federal PAC			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks				Nature of Debt (Purpose): Check Printing
Ма	ulling Address P.O. Box 742572	-		
City Cir	y ncinnati	State OH	Zip Code 45274	
(Outstanding Balance Beginning This Period	-		Transaction ID : SD10.4163
Ш	145.00	D-		Outstanding Delegacy at Olega of This Baried
П	Amount Incurred This Period 0.00	Ра	yment This Period 0.00	Outstanding Balance at Close of This Period 145.00
	Full Name (Last, First, Middle Initial) of Debtor of Media Well Done	or Creditor	,	Nature of Debt (Purpose): Advertising
Ма	illing Address 96 Jay Street			
City	y henectady	State NY	Zip Code 12305	
	Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00	Pa	yment This Period	Transaction ID : SD10.4165 Outstanding Balance at Close of This Period 338.00
C.	Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
Ма	uiling Address			
City	у	State	Zip Code	
	Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstanding Balance at Close of This Period
1) SI	UBTOTALS This Period This Page (optional)		>	483.00
2) TO	2) TOTALS This Period (last page this line number only)			483.00
3) TO	OTAL OUTSTANDING LOANS from Schedule C	0.00		
4) Al	DD 2) and 3) and carry forward to appropriate lin	483.00		