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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office	Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼ Example: over the	If typing, type ines.	12FE4M5	
MVP Health Care Inc. Fe	deral PAC			
ADDRESS (number and street)	625 State Street			
Check if different than previously reported. (ACC)	Schenectady		NY 123	305
2. FEC IDENTIFICATION NUM	BER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00431429	3. IS THIS REPORT	(N) NEW	AMENDE (A)	D
 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) 	PRE-Election Report for the: Conv Election on (d) 30-Day	May 20 (M5) Jun 20 (M6) Jul 20 (M7) ry (12P) ention (12C) M / D D / ral (30G)	Aug 20 (M8 Sep 20 (M9 Oct 20 (M1) General (12G) Special (12S)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
5. Covering Period 07		bugh	312	2019
	Report and to the best of my knowledg Estey, Jordan, T, ,	e and belief it is tru	e, correct and comp	lete.
Signature of Treasurer	rdan, T, , [Elect	onically Filed]		08 / Y Y Y Y 2020
	s, or incomplete information may subject	he person signing th	nis Report to the pena	alties of 52 U.S.C. § 30109
Office Use Only			FE	C FORM 3X Rev. 05/2016

01/08/2020 11 : 21

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
ſ	MVP Health Care Inc. Federal PA	AC	
R	Report Covering the Period: From:	07 / 01 / Y Y Y Y To:	12 / D D / Y Y Y Y 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		60366.34
	(b) Cash on Hand at Beginning of Reporting Period	56116.34	
	(c) Total Receipts (from Line 19)	13060.00	27310.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	69176.34	87676.34
7.	Total Disbursements (from Line 31)	5000.00	23500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64176.34	64176.34
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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From:	01 / Y Y Y Y 01 / 2019 To	b: 12 / D D / Y Y Y Y 12 31 2019		
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From: (a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	9740.00	15200.00		
(ii) Unitemized	3320.00	11110.00		
(iii) TOTAL (add	42000.00	26310.00		
Lines 11(a)(i) and (ii)	13060.00	20310.00		
(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	13060.00	26310.00		
Totals to Line 33, page 5)	10000.00			
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)	0.00	0.00		
(Carry Totals to Line 37, page 5)	0.00			
to Federal Candidates and Other				
Political Committees	0.00	1000.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
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		
	475 475 475			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	13060.00	27310.00		

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶ 13060.00

27310.00



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 23500.00 and Other Political Committees... 5000.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (c) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 0.00 0.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 5000.00 23500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 5000.00 23500.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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					0.00
		-7		-7-	1 246.
					13060.00
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Page 5

Calendar Year-to-Date

COLUMN B

Image# 202001089167028830			
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 117 (check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name of Individual (Last, First, Middle A. Austen, Karla, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 25 Carriage House Lane			07 05 / Y Y Y Y 07 05 2019
City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	EVF	upation (for Individual) P, Chief Financial Officer Year-to-Date ▼ 840.00	Memo Item
Full Name of Individual (Last, First, Middle B. Austen, Karla, , , Mailing Address 25 Carriage House Lane	Initial) or Full O	rganization Name	Date of Receipt
City Saratoga Springs	State NY	Zip Code 12866	07 19 2019 Transaction ID : SA11AL47225 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) P, Chief Financial Officer	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 900.00	
Full Name of Individual (Last, First, Middle C. Austen, Karla, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 25 Carriage House Lane	Ototo	Zin Oode	
City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) MVP Health Care		upation (for Individual) , Chief Financial Officer	Memo Item
Receipt For:		Vear-to-Date 🔻	

Aggregate Year-to-Date ▼

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

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

960.00

100

Primary

Other (specify)

General

.

180.00

100

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

117

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) MAVE Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Austen, Karla, , , Mailing Address 26 Carriage House Lane City Saratoga Springs FEC ID number of contributing tederal political committee. Name of Employer (for Individual) Multing Address 25 Carriage House Lane City Saratoga Springs State Precipit For: Primary General Other (specify) ▼ Mailing Address 25 Carriage House Lane City Name of Employer (for Individual) MVP Heath Care Primary General Other (specify) ▼ Mailing Address 25 Carriage House Lane City State Name of Employer (for Individual) C Very Chiel Financial Officer Receipt For: Primary General C NY 12866 <td< th=""><th></th><th>······</th><th></th><th>Detailed Su</th><th>immary Page</th><th>×</th><th></th><th></th><th></th><th>11b</th><th>11c</th><th></th><th>12</th><th>_</th></td<>		······		Detailed Su	immary Page	×				11b	11c		12	_	
x for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF CONMITTEE (in Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Austein, Karla, Maling Address 25 Carriage House Lane City Santoga Springs NY 12866 FEC ID number of contributing deteral political committee. Augregate Vaar-to-Date ♥ Primary City Santoga Springs Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Austein, Karla, Maling Address 25 Carriage House Lane City Santoga Springs Full Name of Employer (for Individual) MVP Health Care Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Austein, Karla, Maling Address 25 Carriage House Lane City Santoga Springs Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Austein, Karla, Maling Address 25 Carriage House Lane City Santoga Springs Full Name of Individual (Last, First, Middle Initial) or Full Organization Name . Austein, Karla, Maling Address 25 Carriage House Lane City Santoga Springs Full Name of Individual VPP, Chief Financial Officer Full Name of Individual MUP Health Care Full Name of Individual Multing Address 25 Carriage House Lane City Santoga Springs Full Name of Individual Multing Address 25 Carriage House Lane City Santoga Springs Full Name of Individual Cocupation (for Individual) VPP, Chief Financial Officer Full Name of Employer (for Individual) VPP, Chief Financial Officer Full Name	Anv in	formation copied from such Reports and Sta	tements ma	v not be sold	or used by any r)erson	13 for the	pur			15 solicitin		16 ntributi	17 ons	
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 25 Carriage House Lane 0 16 2019 City State Zip Code Transaction ID SA113A.47227 Amount of Each Receipt (for Individual) C Anount of Each Receipt (for Individual) MVP Heath Care EVP. Chief Financial Officer Anount of Each Receipt (for Individual) Maing Address 25 Carriage House Lane C 0 0 0 0 City State Zip Code Transaction ID SA113A.47228 Anount of Each Receipt (for Individual) Maing Address 25 Carriage House Lane C 0 0 0 0 0 City State Zip Code Transaction ID SA113A.47228 Anount of Each Receipt (for Individual) 0		· ,													
Austen, Karla, , ,	M	VP Health Care Inc. Federal PA	40												
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Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 60.00 60.00 Name of Employer (for Individual) MVP Health Care Aggregate Year-to-Date ▼ Memo Item Primary General 0ther (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt City State Zip Code NY 12866 FEC ID number of contributing federal political committee. C 60.00 Memo Item Name of Employer (for Individual) Occupation (for Individual) Primary 2019 Transaction ID : SA11AL47229 Saratoga Springs NY 12866 Amount of Each Receipt this Period 60.00 Memo Item FEC ID number of contributing federal political committee. C General Occupation (for Individual) Memo Item 60.00 Memo Item Mame of Employer (for Individual) Occupation (for Individual) Memo Item 60.00 Memo Item MP Health Care Aggregate Year-to-Date ▼ 1140.00 Memo Item 180.00	-						Tran	sact	tio	n ID :	SA11AL	4722	28		
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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 A. Austen, Karla, , ,	Organization Name	Date of Receipt
Mailing Address 25 Carriage House Lane		M = M / D = D / Y = Y = Y = Y

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Mailing Address 25 Carriage House Lane	9		M M / D D / Y Y Y Y Y 09 27 2019
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Name of Employer (for Individual) MVP Health Care		pation (for Individual) Chief Financial Officer	Memo Item
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Name of Employer (for Individual) MVP Health Care		pation (for Individual) Chief Financial Officer	Memo Item
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SCHEDULE A	(FEC Form 3X)
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		Detailed Summary Page	13 14 15 16 17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Middl A. Austen, Karla, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 25 Carriage House Lane			12 20 Y Y Y Y 12 20 2019
City	State	Zip Code	Transaction ID : SA11AI.47236
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PAGE 11 OF

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	Mailing Address 70 Barclay Square Drive			10 25 2019					
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В.	Cameron, Carl, , ,			Date of Receipt					
	Mailing Address 70 Barclay Square Drive			11 / D D / Y Y Y Y 11 08 2019					
	City	State	Zip Code	Transaction ID : SA11AI.47285					
	Rochester	NY	14618	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	33 . 3		1					
	Other (specify) v	L	, 690.00						
C.	Full Name of Individual (Last, First, Middle Ini Cameron, Carl, , ,	tial) or Full O	Organization Name	Date of Receipt					
	Mailing Address 70 Barclay Square Drive			11 22 2019					
	City	State NY	Zip Code	Transaction ID : SA11AI.47286					
	Rochester	INT	14618	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		30.00					
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item					
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	Primary General Other (specify)		720.00]					
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name of Individual (Last, First, Middle Ir A. Cameron, Carl, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 70 Barclay Square Drive			12 06 2019
City	State	Zip Code	Transaction ID : SA11AI.47287
Rochester	NY	14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item
MVP Health Care	VP		
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		750.00	1
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Full Name of Individual (Last, First, Middle Ir B. Cameron, Carl, , , Mailing Address 70 Barclay Square Drive	hitial) or Full C	Organization Name	Date of Receipt
	01-1-	7	12 20 2019
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.47288
		14010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		, 780.00]
Full Name of Individual (Last, First, Middle Ir C. Clancy, Catherine, , ,	nitial) or Full C	Drganization Name	Date of Receipt
Mailing Address 19 Julia Court			07 05 2019
City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.47289
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) MVP Health Care	Occ EVF	eupation (for Individual) S	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		560.00	1

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SCHEDULE A	(FEC Form 3X)	
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PAGE 17 OF

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	y information copied from such Reports and Sta for commercial purposes, other than using the r															
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC														
Α.	Clancy, Catherine, , ,	t, First, Middle Initial) or Full Organization Name								Date of Receipt						
	Mailing Address 19 Julia Court	Otata		7:- 0-1-		[™] 07		/ D 19)	2019	Y					
	City Mahopac	State NY		Zip Code 10541		Transaction ID : SA11AI.47290 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С								4	0.00					
	Name of Employer (for Individual) MVP Health Care	Occi	•	ion (for Individual)			Mem	o Item								
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼ 600.00												
	Other (specify) ▼		-9-													
B.	Full Name of Individual (Last, First, Middle Initia Clancy, Catherine, , ,	al) or Full O	Orgai	nization Name		Date	of R	eceipt								
	Mailing Address 19 Julia Court		M M / D / Y													
	City Mahopac	State NY		Zip Code 10541	Transaction ID : SA11AI.47291 Amount of Each Receipt this Period						d					
	FEC ID number of contributing federal political committee.			<u> </u>			-	4	0.00							
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP						Memo Item								
	Receipt For: Primary General Other (specify) ▼															
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Orgai	nization Name		Date	of R	eceipt								
	Mailing Address 19 Julia Court					M 08		/ D 16		2019	Y					
	City Mahopac	State NY		Zip Code 10541	-				: SA11A Receipt t	I.47292 his Peric	d					
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	Name of Employer (for Individual) MVP Health Care	Occi EVP		ion (for Individual)			Mem	o Item								
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		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name of Individual (Last, First, Middle A. Clancy, Catherine, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 19 Julia Court		08 30 2019
City Mahopac	StateZip CodeNY10541	Transaction ID : SA11AI.47293 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name of Individual (Last, First, Middle B. Clancy, Catherine, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 19 Julia Court		09 13 2019
City Mahopac	StateZip CodeNY10541	Transaction ID : SA11AI.47294 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
Full Name of Individual (Last, First, Middle C. Clancy, Catherine, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 19 Julia Court		09 / D D / Y Y Y Y 27 2019
City Mahopac	StateZip CodeNY10541	Transaction ID : SA11AI.47295 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	Memo Item

Other (specify)	800.00					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC					
✓ Full Name of Individual (Last, First, Middle A. Clancy, Catherine, , , Mailing Address 19 Julia Court City Mahopac FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	State NY C Occu EVP	Zip Code 10541 pation (for Individual)	Date of Receipt 10 11 2019 Transaction ID : SA11AI.47296 Amount of Each Receipt this Period 40.00 Memo Item			
Full Name of Individual (Last, First, Middle B. Clancy, Catherine, , , Mailing Address 19 Julia Court	Initial) or Full Or	ganization Name	Date of Receipt			
City Mahopac FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care	State NY C Occu EVP	Transaction ID : SA11AI.47297 Amount of Each Receipt this Period 40.00 Memo Item				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 880.00				
C. Full Name of Individual (Last, First, Middle Clancy, Catherine, , , Mailing Address 19 Julia Court	Initial) or Full Or	ganization Name	Date of Receipt			
City Mahopac FEC ID number of contributing federal political committee.	State NY C	Zip Code 10541	11 08 2019 Transaction ID : SA11AI.47298 Amount of Each Receipt this Period 40.00			
Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify)	EVP	pation (for Individual) Year-to-Date ▼ 920.00	Memo Item			
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Ar or	ny information copied from such Reports and s for commercial purposes, other than using the	Statements m e name and a	hay not be sold or used by any address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
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А.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full C	Organization Name	Date of Receipt					
	Mailing Address 19 Julia Court			11 22 / Y Y Y Y 2019					
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.47299 Amount of Each Receipt this Period					
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	Name of Employer (for Individual) MVP Health Care	Occ EV	cupation (for Individual) P	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	960.00						
Full Name of Individual (Last, First, Midd B. Clancy, Catherine, , , Mailing Address 19 Julia Court		itial) or Full C	Organization Name	Date of Receipt					
	City	State	Zip Code	12 06 2019 Transaction ID : SA11AI.47300 Amount of Each Receipt this Period					
	Mahopac	NY	10541						
	FEC ID number of contributing federal political committee.	С		40.00					
	Name of Employer (for Individual) MVP Health Care	Occ EV	cupation (for Individual) P	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00						
C.	Full Name of Individual (Last, First, Middle In Clancy, Catherine, , ,	itial) or Full C	Organization Name	Date of Receipt					
	Mailing Address 19 Julia Court			12 / D D / Y Y Y Y 12 20 2019					
	City Mahopac	State NY	Zip Code 10541	Transaction ID : SA11AI.47301 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		40.00					
	Name of Employer (for Individual) MVP Health Care	Occ EVF	cupation (for Individual) P	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1040.00						

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SCHEDULE A	(FEC Form 3X)
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	y information copied from such Reports and Sta for commercial purposes, other than using the													ntribu	
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A.	Full Name of Individual (Last, First, Middle Initia Colin, Wendy, , ,	al) or Full C	Drgai	nization Name		C)ate o	f Re	ece	eipt					
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 210.00											
в.	Full Name of Individual (Last, First, Middle Initia Colin, Wendy, , ,	al) or Full C	Drgai	nization Name		C)ate o	f Re	ece	eipt					
	Mailing Address 985 Victor Road			M M / D D / Y Y Y Y 10 25 2019											
	City Macedon	State NY		Zip Code 14502	Transaction ID : SA11AI.47323 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) MVP Health Care		cupa ecto	tion (for Individual) r			M	lemo	o li	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 220.00											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia Colin, Wendy, , ,	al) or Full C	Drgai	nization Name		C	Date o	f Re	ece	eipt					
	Mailing Address 985 Victor Road					[м м 11	/		D 08		/ Y		19	Y
	City Macedon	State NY		Zip Code 14502	_	A						A11AI eipt th			
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	Name of Employer (for Individual) MVP Health Care Receipt For:	Dire	ector			1	M	lemo	o l	tem					
	Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 230.00											
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Full Name of Individual (Last, First, Middle Ir A. Colin, Wendy, , , Mailing Address 985 Victor Road	iitial) or Full C	Drganization Name	Date of Receipt
City Macedon	State NY	Zip Code 14502	11 22 2019 Transaction ID : SA11AI.47325 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	cupation (for Individual)	10.00 Memo Item
MVP Health Care Receipt For: Primary General Other (specify) ▼	Dire	ector e Year-to-Date ▼ 240.00]
Full Name of Individual (Last, First, Middle Ir B. Colin, Wendy, , , Mailing Address 985 Victor Road	itial) or Full C	Drganization Name	Date of Receipt
City Macedon FEC ID number of contributing federal political committee.	State NY	Zip Code 14502	Transaction ID : SA11AI.47326 Amount of Each Receipt this Period 10.00
Name of Employer (for Individual) MVP Health Care	Dir	cupation (for Individual) ector	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ir C. Colin, Wendy, , , Mailing Address 985 Victor Road	iitial) or Full C	Drganization Name	Date of Receipt
City Macedon	State NY	Zip Code 14502	Transaction ID : SA11AI.47327 Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care Receipt For:	Dire	cupation (for Individual) ector 9 Year-to-Date V	
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	y information copied from such Reports and Sta for commercial purposes, other than using the																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	• •															
	MVP Health Care Inc. Federal P	AC															
Α.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full O	Organ	ization Name		Date o	of Re	eceipt									
	Mailing Address 106 Birch Street					07	1	0			2019	Y					
	City	State		Zip Code		Tran	sact	tion ID	: SA11	41.47	341						
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upati	ion (for Individual)		N	lem	o Item									
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	Name of Employer (for Individual) MVP Health Care	Occ VP		ion (for Individual)		N	1em	o Item									
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<u> </u>	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full O	Drgan	ization Name		Date c	of Re	eceipt									
	Mailing Address 106 Birch Street					M 08	1	D 02			2019	Y					
	City	State		Zip Code		Tran	sac	tion ID	: SA11	AI.47	343						
	Liverpool	NY		13088	_	Amour	nt of	Each	Receipt	this	Period						
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	y information copied from such Reports and St for commercial purposes, other than using the												ns	
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	City Liverpool	State NY		Zip Code 13088				-	-	11AI. eipt thi	-			
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upa	ation (for Individual)		Me	emo	Item						
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В.	Full Name of Individual (Last, First, Middle Initi Deferio, Patricia, , , Mailing Address 106 Birch Street	ial) or Full O	rga	nization Name		ate of	Rec	ceipt	D	/ Y	Y	YY	-	
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	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	name and a		
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	Mailing Address 106 Birch Street			09 27 2019
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.47347 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]
в.	Full Name of Individual (Last, First, Middle Init Deferio, Patricia, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 106 Birch Street			10 / D D / Y Y Y Y 2019
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.47348 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 840.00]
<u> </u>	Full Name of Individual (Last, First, Middle Init Deferio, Patricia, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 106 Birch Street			10 / Y Y Y Y Y 25 / 2019
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.47349
	· ·			Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
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	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions tee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC										
Α.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 106 Birch Street			11 08 2019								
	City	State	Zip Code	Transaction ID : SA11AI.47350								
	Liverpool	NY	13088	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		920.00									
В.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 106 Birch Street			11 22 2019								
	City	State	Zip Code	Transaction ID : SA11AI.47351								
	Liverpool	NY	13088	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item								
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		960.00									
с.	Full Name of Individual (Last, First, Middle Initia Deferio, Patricia, , ,	al) or Full C	Organization Name	Date of Receipt								
	Mailing Address 106 Birch Street			12 06 / Y Y Y Y 2019								
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.47352 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		40.00								
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item								
	Receipt For:		Year-to-Date ▼									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
				erson for the purpose of soliciting contributions to solicit contributions from such committee.			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC					
Α.	Full Name of Individual (Last, First, Middle In Deferio, Patricia, , , Mailing Address 106 Birch Street						
	City	State	Zip Code	12 20 2019 Transaction ID : SA11AI.47353			
	Liverpool	NY	13088	Amount of Each Receipt this Period			
	FEC ID number of contributing	С	·····	40.00			
	federal political committee.						
	Name of Employer (for Individual)		pation (for Individual)	Memo Item			
	MVP Health Care	VP					
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼				
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В.	Full Name of Individual (Last, First, Middle II Del Vecchio, Christopher, , ,	nitial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 2854 W. Old State Road			07 05 2019			
	City	State	Zip Code	Transaction ID : SA11AI.47354			
	Schenectady	NY	12303	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer (for Individual) MVP Health Care		pation (for Individual) f Operating Officer	Memo Item			
	Receipt For:		Year-to-Date ▼				
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	Other (specify) ▼		, 840.00				
<u>с.</u>	Full Name of Individual (Last, First, Middle In Del Vecchio, Christopher, , ,	nitial) or Full Or	ganization Name	Date of Receipt			
	Mailing Address 2854 W. Old State Road			07 19 2019			
	City	State	Zip Code	Transaction ID : SA11AI.47355			
	Schenectady	NY	12303	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		60.00			
	Name of Employer (for Individual)		pation (for Individual)	Memo Item			
	MVP Health Care Receipt For:		Operating Officer	_			
	Primary General	Aggregate `	Year-to-Date ▼ 900.00				
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	y information copied from such Reports and Sta for commercial purposes, other than using the												
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Α.	Full Name of Individual (Last, First, Middle Initi Del Vecchio, Christopher, , ,	al) or Full O	Drgar	nization Name	D	ate of	Rece	ipt					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 29 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)								
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	tributio	ons		
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Α.	Full Name of Individual (Last, First, Middle Ini Del Vecchio, Christopher, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
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	Mailing Address 2854 W. Old State Road	State	Zip Code		09		27		201	9	ŕ		
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1260.00]									
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	y information copied from such Reports and St for commercial purposes, other than using the			e to solicit contributions from such committee.									
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	Mailing Address 2854 W. Old State Road			M M / D D / Y									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Operating Officer	Memo Item									
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	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.47363									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Operating Officer	Memo Item									
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с.	Full Name of Individual (Last, First, Middle Initi Del Vecchio, Christopher, , ,	ial) or Full C	organization Name	Date of Receipt									
	Mailing Address 2854 W. Old State Road			11 / 22 / 2019									
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.47364 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) of Operating Officer	Memo Item									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements m the name and a	ay not be sold or u address of any poli	used by any po tical committee	erson e to so	for the plicit co	purı ntrib	oose of utions	soliciting	con cor	tribut nmitte	ions e.						
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	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	X11a11b11c121314151617
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC		
A.	Full Name of Individual (Last, First, Middle Init DeSorbo, Todd, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 420 Fort Hunter Road			10 / Y Y Y Y Y 25 2019
	City Amsterdam	State NY	Zip Code 12010	Transaction ID : SA11AI.47375
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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117

			Detailed Summary Page	×	11a		11b	11c		12							
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	y information copied from such Reports and St for commercial purposes, other than using the																
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с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						Date of Receipt										
	Mailing Address 336 Farm to Market Road				10 ^M		D D 11		20)19 [°]	Y						
	City	State	Zip Code		Trans	acti	on ID :	SA11AI.	474:	26							
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	y information copied from such Reports and Sta											
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Α.	Full Name of Individual (Last, First, Middle Initia Endres, Bill, , ,	al) or Full O	organization Name	Date of Receipt								
	Mailing Address 336 Farm to Market Road			10 / Y Y Y Y 25 2019								
	City	State NY	Zip Code	Transaction ID : SA11AI.47427								
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	Mailing Address 336 Farm to Market Road			11 22 2019								
	City Mechanicville	State NY	Zip Code 12218	Transaction ID : SA11AI.47429								
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC										
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	Mailing Address 336 Farm to Market Road			12 06 / Y Y Y Y 12 06 2019								
	City Mechanicville	State NY	Zip Code 12218	Transaction ID : SA11AI.47430 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) MVP Health Care		eupation (for Individual) ector	Memo Item								
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	City Mechanicville	State NY	Zip Code 12218	Transaction ID : SA11AI.47431 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ector	Memo Item								
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	Mailing Address 37 Campus Club Drive	State	Zin Code	07 05 2019								
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.47432 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) MVP Health Care		supation (for Individual) nager	Memo Item								
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Α.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 37 Campus Club Drive			07 ^{DDD} ^{YYYYY} 2019									
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.47433 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		70.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 810.00]									
в.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 37 Campus Club Drive			08 02 2019									
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.47434 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		70.00									
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00										
с.	Full Name of Individual (Last, First, Middle Initia Estey, Jordan, T, ,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 37 Campus Club Drive			08 / D D / Y Y Y Y 2019									
	City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.47435 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		70.00									
			upation (for Individual) ager	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 950.00]									
s	UBTOTAL of Receipts This Page (optional)			210.00									

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 37 OF

			Use separate schedule(s) for each category of the			(check only one)						
ITEMIZED RECEIPTS			Detailed Summary Page	X	11a 13		11b 14	11c		12 16	17	
	y information copied from such Reports and S for commercial purposes, other than using the							solicitin				
	NAME OF COMMITTEE (In Full)											
\rangle	MVP Health Care Inc. Federal F	PAC										
Α.	Full Name of Individual (Last, First, Middle Ini Estey, Jordan, T, ,	tial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 37 Campus Club Drive				08 30 2019							
	City Guilderland	State NY	Zip Code 12084					SA11A				
			12004	- 1	Amoun	t of	Each F	Receipt t	his P	eriod		
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	Primary General		4000.00	11.								
	Other (specify) v		1020.00									
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name		_							
В.	Estey, Jordan, T, ,			_	Date o	f Re	eceipt					
	Mailing Address 37 Campus Club Drive	State	Zin Code		м м 09	/	13		20	19 19	Y	
	City Guilderland	State NY	Zip Code 12084	-				SA11AI				
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager		М	lemo	tem					
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	Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		1090.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini Estey, Jordan, T, ,	tial) or Full O	rganization Name		Date o	f Re	eceipt					
	Mailing Address 37 Campus Club Drive				м м 09	/	27			ү 19	Y	
	City	State	Zip Code		Trans	sact	ion ID :	SA11A	1.4743	38		
	Guilderland	NY	12084		Amoun	t of	Each F	Receipt t	his P	eriod		
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	Name of Employer (for Individual) MVP Health Care	Occu Man	upation (for Individual) ager		M	lemo	o Item					
	Receipt For:		Year-to-Date ▼	\neg								
	Primary General	riggrogato		11.								
	Other (specify)	1160.00										
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т	OTAL This Period (last page this line number	only)	·····	•			-					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 38 OF 117 (check only one)					
		Detailed Summary Page						
Any information copied from such Reports and St or for commercial purposes, other than using the			person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC							
Full Name of Individual (Last, First, Middle Init	ial) or Full C	Proanization Name						
A. Estey, Jordan, T, ,		nganizaton namo	Date of Receipt					
Mailing Address 37 Campus Club Drive			10 / Y Y Y Y 2019					
City	State	Zip Code	Transaction ID : SA11AI.47439					
Guilderland	NY	12084	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		70.00					
Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item					
Receipt For:		Year-to-Date ▼						
Primary General	, iggi oguto		1					
Other (specify)		1230.00						
Full Name of Individual (Last, First, Middle Init B. Estey, Jordan, T, ,	ial) or Full C	Organization Name	Date of Receipt					
Mailing Address 37 Campus Club Drive			10 25 2019					
City	State	Zip Code	Transaction ID : SA11AI.47440					
Guilderland	NY	12084	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		70.00					
Name of Employer (for Individual) MVP Health Care		cupation (for Individual) nager	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Other (specify) ▼		1300.00]					
Full Name of Individual (Last, First, Middle Init C. Estey, Jordan, T, ,	ial) or Full C	Organization Name	Date of Receipt					
Mailing Address 37 Campus Club Drive			11 / D D / Y Y Y Y 11 08 2019					
City	State	Zip Code	Transaction ID : SA11AI.47441					
Guilderland	NY	12084	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		70.00					
Name of Employer (for Individual)		upation (for Individual)	Memo Item					
MVP Health Care	1	nager						
Receipt For:	Aggregate	Year-to-Date V	_					
Other (specify)		1370.00						
SUBTOTAL of Receipts This Page (optional)			210.00					

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

SCHEDULE A (FEC Fo	rm 3X)
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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117

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Ar	y information copied from such Reports and Sta	atements ma	v not be sold or used by any n	erson	13 for the	000	14 rpose of	15 soliciting		16 htribut	17 ions		
	for commercial purposes, other than using the												
\square	NAME OF COMMITTEE (In Full)	_											
	MVP Health Care Inc. Federal P	AC											
Α.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	al) or Full O	rganization Name		Date of Receipt								
Α.	Mailing Address 37 Campus Club Drive					_			V	Y	V		
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	City	State	Zip Code	Transaction ID : SA11AI.47442									
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	MVP Health Care	Man	ager										
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	Other (specify) V		1440.00										
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name										
В.	Estey, Jordan, T, ,				Date of	f Re	eceipt						
	Mailing Address 37 Campus Club Drive			12 06 2019									
	City	State	Zip Code		Trans	act	tion ID :	SA11AL4	4744	3			
	Guilderland	NY	12084					leceipt th					
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	Name of Employer (for Individual)	Осси	upation (for Individual)		Memo Item								
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_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name		_								
C.	Estey, Jordan, T, , Mailing Address 37 Campus Club Drive				Date of								
	Maining Address 37 Campus Club Drive				12	1	20) / Y	201	19 [°]	Y		
	City	State	Zip Code		Trans	sac	tion ID :	SA11AI.	4744	4			
	Guilderland	NY	12084		Amoun	t of	Each F	leceipt th	is Pe	əriod			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	,		70.0	0		
	Name of Employer (for Individual) MVP Health Care	Occu Man	ipation (for Individual) ager		М	em	o Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		1580.00	1									
	Other (specify)												
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 117 (check only one) I1a 11b 11c 12 I1a 11b 11c 12 16 17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the			person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC						
Full Name of Individual (Last, First, Middle Initi A. Flor, Ian, , ,	ial) or Full C	Organization Name	Date of Receipt				
Mailing Address 144 Watch Hill Road			07 05 / Y Y Y Y 2019				
City	State	Zip Code	Transaction ID : SA11AI.47484				
Cortlandt Manor	NY	10567	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item				
Receipt For:	Aggregate	Year-to-Date V					
Other (specify) ▼		420.00]				
Full Name of Individual (Last, First, Middle Initi B. Flor, Ian, , ,	ial) or Full C	Organization Name	Date of Receipt				
Mailing Address 144 Watch Hill Road			07 19 / Y Y Y Y 07 19 2019				
City Cortlandt Manor	State NY	Zip Code 10567	Transaction ID : SA11AI.47485 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00]				
Full Name of Individual (Last, First, Middle Initi C. Flor, Ian, , ,	ial) or Full C	Organization Name	Date of Receipt				
Mailing Address 144 Watch Hill Road			M M / D D / Y				
City	State	Zip Code	Transaction ID : SA11AI.47486				
Cortlandt Manor	NY	10567	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item				
Receipt For:	Agareaate	Year-to-Date V					
Primary General Other (specify)		480.00]				
SUBTOTAL of Receipts This Page (optional)			90.00				

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

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF (check only one) ************************************
	g the name and a		erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middl Flor, Ian, , , Mailing Address 144 Watch Hill Road City	e Initial) or Full O	Zip Code	Date of Receipt 08 / 16 / 2019 Transaction ID : SA11AI.47487
Cortlandt Manor FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	VP	10567 upation (for Individual) Year-to-Date ▼ 510.00	Amount of Each Receipt this Period 30.00 Memo Item
Full Name of Individual (Last, First, Middl Flor, Ian, , , Mailing Address 144 Watch Hill Road City Cortlandt Manor FEC ID number of contributing federal political committee. Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occu VP	rganization Name Zip Code 10567 upation (for Individual) Year-to-Date ▼ 540.00	Date of Receipt 08 2019 Transaction ID : SA11AI.47488 Amount of Each Receipt this Period 30.00 Memo Item

Flor, Ian, , ,		-	Date of Receipt
Mailing Address 144 Watch Hill Road	09 13 2019		
City	State	Zip Code	Transaction ID : SA11AI.47489
Cortlandt Manor	NY	10567	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
MVP Health Care	VP		
Receipt For: Primary General Other (specify)	Aggregate		
SUBTOTAL of Receipts This Page (optional)	90.00		
TOTAL This Period (last page this line number	r only)	•••••	

	CHEDULE A (FEC Form 3X)		ι	Jse separate schedule(s)	FOR LINE NUMBER: PAGE 42 OF 117 (check only one)
ITEMIZED RECEIPTS				or each category of the Detailed Summary Page	\mathbf{X} 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC			
Α.	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , ,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 144 Watch Hill Road				09 / D D / Y Y Y Y 27 2019
	City	State		Zip Code	Transaction ID : SA11AI.47490
	Cortlandt Manor	NY		10567	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer (for Individual) MVP Health Care	Occ VP	upat	ion (for Individual)	Memo Item
	Receipt For:	Aggregate	Yea	ır-to-Date ▼	
	Other (specify) ▼		-	600.00]
В.	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , ,	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 144 Watch Hill Road				10 11 2019
	City Cortlandt Manor	State NY		Zip Code 10567	Transaction ID : SA11AI.47491 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			30.00
	Name of Employer (for Individual) MVP Health Care	Occ VP	upat	tion (for Individual)	Memo Item
	Receipt For:	Aggregate	Yea	r-to-Date ▼	
	Primary General Other (specify) ▼		,	630.00]
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Orgai	nization Name	Date of Receipt
	Mailing Address 144 Watch Hill Road			I	10 / D D / Y Y Y Y Y 2019
	City Cortlandt Manor	State NY		Zip Code 10567	Transaction ID : SA11AI.47492
	FEC ID number of contributing federal political committee.	С	1		Amount of Each Receipt this Period
Name of Employer (for Individual) MVP Health Care		Occ VP	upat	ion (for Individual)	Memo Item
	Receipt For:		Yee	r-to-Date ▼	—
	Primary General Other (specify)	Aggregate	100	660.00]
s	UBTOTAL of Receipts This Page (optional)				90.00

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

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SCHEDULE A	(FEC Form	3X)
ITEMIZED REC	EIPTS	

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

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PAGE

11c

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13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Flor, Ian, , , Α. Date of Receipt Mailing Address 144 Watch Hill Road M = M 1 11 08 2019 City Zip Code State Transaction ID : SA11AI.47493 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) VP **MVP Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road 2019 11 22 City State Zip Code Transaction ID : SA11AI.47494 Cortlandt Manor NY 10567 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 720.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Flor, lan, , , Date of Receipt Mailing Address 144 Watch Hill Road MM 12 06 2019 City Zip Code State Transaction ID : SA11AI.47495 NY Cortlandt Manor 10567 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care VP Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 OF 117 (check only one) * 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and Sta for commercial purposes, other than using the			person for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC						
Α.	Full Name of Individual (Last, First, Middle Initia Flor, Ian, , ,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 144 Watch Hill Road			12 20 Y Y Y Y Y 12 20 2019				
	City	State	Zip Code	Transaction ID : SA11AI.47496				
	Cortlandt Manor	NY	10567	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General Other (specify) ▼		780.00]				
В.	Full Name of Individual (Last, First, Middle Initia Gauci, Michael, , ,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 861 Central Parkway			M M / D D / Y Y Y Y 10 11 2019				
	City Schenectady	State NY	Zip Code 12309	Transaction ID : SA11AI.47504 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		10.00				
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) am Lead	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Gauci, Michael, , ,	al) or Full C	Organization Name	Date of Receipt				
	Mailing Address 861 Central Parkway	-		10 / 25 / Y Y Y Y 2019				
	City	State	Zip Code	Transaction ID : SA11AI.47505				
	Schenectady	NY	12309	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		С		10.00				
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) m Lead	Memo Item				
	Receipt For:	Agareaate	Year-to-Date V					
	Primary General Other (specify)		220.00]				
s	UBTOTAL of Receipts This Page (optional)			50.00				

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

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	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(che	LINE N ck only 11a 13	NUMBER: one) 11b 14	11c	E 45 O	F 117				
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)													
	MVP Health Care Inc. Federal P	AC												
Α.	Full Name of Individual (Last, First, Middle Initi Gauci, Michael, , ,	al) or Full O	Orgai	nization Name	Date of Receipt									
	Mailing Address 861 Central Parkway			1		M M / D D / Y Y Y Y 11 08 2019								
	City Schenectady	State NY		Zip Code 12309	A			SA11AI.4 Receipt thi						
									10.0	00				
				tion (for Individual) ead		Mer	no Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 230.00										
Full Name of Individual (Last, First, Middle Initial) or Fu B. Gauci, Michael, , ,				nization Name		Date of	Receipt							
	Mailing Address 861 Central Parkway					M M 11	/ D 22		2019	Y				
	City Schenectady	State NY		Zip Code 12309				SA11AI.4 Receipt thi						
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Team Lead				10.00								
	Name of Employer (for Individual) MVP Health Care					Mer	no Item							
	Receipt For: Primary General	Aggregate	ar-to-Date ▼											
	Other (specify) V	L	,	240.00										
C.	Full Name of Individual (Last, First, Middle Initi Gauci, Michael, , ,	al) or Full O	Drgai	nization Name		Date of	Receipt							
	Mailing Address 861 Central Parkway	Ototo		Zin Oode		12 ^M	06		2019	Y				
	City Schenectady	State NY		Zip Code 12309	A			SA11AI.4 Receipt thi						
	FEC ID number of contributing federal political committee.	С		10.00										
	Name of Employer (for Individual) MVP Health Care	Occi Tea	•	tion (for Individual) ead		Me	mo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 250.00										
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TOTAL This Period (last page this line number only)	L		 -	 	-	 	-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12 16	17		
	ny information copied from such Reports and Sta for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC											
Α.		al) or Full O	rga	nization Name	C	Date c		ceipt					
	Mailing Address 861 Central Parkway			7	_ [[™] 12		20		2019	Y		
	City Schenectady	State NY		Zip Code 12309	A				SA11AI. Receipt th		k		
	FEC ID number of contributing federal political committee.	С						y	- -		.00		
	Name of Employer (for Individual) MVP Health Care	Occi Tea		tion (for Individual) ead		N	1emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ır-to-Date ▼ 260.00									
В.	Full Name of Individual (Last, First, Middle Initia Glavey, Patrick, , ,	al) or Full O	Orga	nization Name	C	Date c	of Red	ceipt					
	Mailing Address 3 Park Forest Drive					07 05 2019							
	City Pittsford	State NY		Zip Code 12180					SA11AI. Receipt th		1		
	FEC ID number of contributing federal political committee.	С			40.00								
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP					Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00											
С.	Full Name of Individual (Last, First, Middle Initia Glavey, Patrick, , ,	al) or Full O	rga	nization Name		Date c	of Red	ceipt					
	Mailing Address 3 Park Forest Drive					[™] 07	1 /	D 19		2019	Y		
	City Pittsford	State NY		Zip Code 12180	A				: SA11AI Receipt th		ł		
	FEC ID number of contributing federal political committee.	С						y .	.,	40	.00		
	Name of Employer (for Individual) MVP Health Care	Occi EVP		tion (for Individual)		N	/lemo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 600.00	600.00								
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page		×	11a 13		1 ¹	1b 4		11c 15	12		17
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SCHEDULE A	(FEC Form 3X)
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
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	Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	Chie	upation (for Individual) ef Medical Officer Year-to-Date ▼ 540.00]	M	emo	Item								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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PAGE 59 OF

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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ef Medical Officer		M	em	o Item						
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	y information copied from such Reports and Sta for commercial purposes, other than using the r							
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Α.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	ll) or Full O	organization Name	Date of Receipt				
	Mailing Address 45 Crestwood Drive		ling Address 45 Crestwood Drive					
	City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.47609 Amount of Each Receipt this Period				
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00					
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	Mailing Address 45 Crestwood Drive			07 19 / Y Y Y Y 2019				
	City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.47610 Amount of Each Receipt this Period				
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	ll) or Full O	organization Name	Date of Receipt				
	Mailing Address 45 Crestwood Drive			08 / D D / Y Y Y Y Y 08 02 2019				
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 OF 7 (check only one) Image: Check on
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Α.	Full Name of Individual (Last, First, Middle In Hogan, Rosemarie, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 45 Crestwood Drive			M / D D / Y
	City	State	Zip Code	Transaction ID : SA11AI.47612
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	MVP Health Care	VP		
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	Other (specify) ▼		510.00	
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	Mailing Address 45 Crestwood Drive			08 30 2019
	City	State	Zip Code	Transaction ID : SA11AI.47613
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Other (specify)		540.00	
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	Mailing Address 45 Crestwood Drive			09 13 / Y Y Y Y 2019
	City	State	Zip Code	Transaction ID : SA11AI.47614
	Schenectady	NY	12866	Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00	
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s)		
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	Mailing Address 45 Crestwood Drive			09 27 2019	
	City	State	Zip Code	Transaction ID : SA11AI.47615	
	Schenectady	NY	12866	Amount of Each Receipt this Period	
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В.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	l) or Full C	Organization Name	Date of Receipt	
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	City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.47616 Amount of Each Receipt this Period	
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
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FEC Schedule A (Form 3X) Rev. 06/2016

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	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions
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	Mailing Address 45 Crestwood Drive			12 / D D / Y Y Y Y Y 20 2019
	City Schenectady	State NY	Zip Code 12866	Transaction ID : SA11AI.47621 Amount of Each Receipt this Period
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	Mailing Address 38 Fox Hill Drive	1		07 / D D / Y Y Y Y 05 / 2019
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	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.47623 Amount of Each Receipt this Period
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	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.47625							
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ector	Memo Item							
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SCHEDULE A	(FEC Form 3X)
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	Mailing Address 38 Fox Hill Drive				10 25 2019									
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	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC										
Α.	Full Name of Individual (Last, First, Middle Init Husted, Kevin, , ,	ial) or Full C	rganiza	tion Name	Date of Receipt							
	Mailing Address 38 Fox Hill Drive				M 1		D / 06	Y Y 20]		
	City Fairport	State NY		o Code 14450		unt of Each						
	FEC ID number of contributing federal political committee.	С							30.00			
	Name of Employer (for Individual) MVP Health Care		upation ector	(for Individual)		Memo Iter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 750.00								
в.	Full Name of Individual (Last, First, Middle Init Husted, Kevin, , , Mailing Address 38 Fox Hill Drive	ial) or Full C	organiza	tion Name	M		t 20	Y Y Y		1		
	City Fairport	State NY		o Code 4450	Tra	nsaction II unt of Each	D : SA11/		4			
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	Name of Employer (for Individual) MVP Health Care		upation ector	(for Individual)		Memo Iter	n					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 780.00								
с.	Full Name of Individual (Last, First, Middle Init LoBoen, Matthew, , ,	ial) or Full C	rganiza	tion Name	Date	of Receipt	t					
	Mailing Address 28 Cedar Knoll Drive					0	D / 11	Y Y 201	9]		
	City Wallkill	State NY		2589		unt of Each						
	FEC ID number of contributing federal political committee.	С				9	,		10.00			
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation	(for Individual)		Memo Iter	n					
_	Receipt For: Primary General Other (specify)	Aggregate	Year-to	-Date ▼ 210.00								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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117

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and S for commercial purposes, other than using the			e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init LoBoen, Matthew, , , Mailing Address 28 Cedar Knoll Drive	ial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.47682
	Wallkill	NY	12589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)	Οςςι	pation (for Individual)	Memo Item
	MVP Health Care	VP		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		220.00	1
	Other (specify) v		220.00	1
B.	Full Name of Individual (Last, First, Middle Init LoBoen, Matthew, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 28 Cedar Knoll Drive			11 08 2019
	City	State	Zip Code	Transaction ID : SA11AI.47683
	Wallkill	NY	12589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]
с.	Full Name of Individual (Last, First, Middle Init LoBoen, Matthew, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 28 Cedar Knoll Drive			M M / D D / Y Y Y Y 11 22 2019
	City	State	Zip Code	Transaction ID : SA11AI.47684
	Wallkill	NY	12589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) MVP Health Care	Occu VP	ipation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00]
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	٩C		
Α.	Full Name of Individual (Last, First, Middle Initia LoBoen, Matthew, , ,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 28 Cedar Knoll Drive			M M / D D / Y Y Y Y 12 06 2019
	City	State	Zip Code	Transaction ID : SA11AI.47685
	Wallkill	NY	12589	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	1
В.	Full Name of Individual (Last, First, Middle Initia LoBoen, Matthew, , ,	l) or Full O	Prganization Name	Date of Receipt
	Mailing Address 28 Cedar Knoll Drive			12 20 2019
	City Wallkill	State NY	Zip Code 12589	Transaction ID : SA11AI.47686 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼ 260.00]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Mackinnon, Matthew, J., Mr.,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 1523 East Avenue			07 05 / Y Y Y Y 2019
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.47713
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify)		280.00]
s	UBTOTAL of Receipts This Page (optional)			40.00

SCHEDULE A	(FEC Form 3X)					
ITEMIZED RECEIPTS						

Use separate schedule(s) for each category of the

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	EIMIZED RECEIPTS		Detailed Sur		×	11a		11b	11c		12										
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or	y information copied from such Reports and s for commercial purposes, other than using th	Statements ma e name and a	ay not be sold o ddress of any p	r used by any peolitical committee	erson to so	for the plicit co	pur ntrib	pose of outions	f soliciting from sucl) coi h co	ntribut mmitt	tions ee.									
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	Mailing Address 1523 East Avenue			07	/	D 19			019	Ŷ											
	City	State NY	Zip Code		Transaction ID : SA11AI.47714																
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	Primary General	Aggregate																			
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	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mackinnon, Matthew, J., Mr.,							eceipt													
	Mailing Address 1523 East Avenue		Date of Receipt																		
	City	State	Zip Code		Transaction ID : SA11AL4						15										
	Rochester	NY	14610			Amount of Each Receipt this Period															
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Indiv		Memo Item																
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	Full Name of Individual (Last, First, Middle In Mackinnon, Matthew, J., Mr.,	nitial) or Full O	rganization Nam	e		Date o	f Re	eceipt													
	Mailing Address 1523 East Avenue		08 16 2019																		
	City Rochester	State NY	Zip Code 14610						SA11AI.												
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ITEMIZED RECEIPTS			for each category of the											
			Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17										
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.										
\square	NAME OF COMMITTEE (In Full)													
	MVP Health Care Inc. Federal F	PAC												
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name											
Α.	Mackinnon, Matthew, J., Mr.,	Date of Receipt												
	Mailing Address 1523 East Avenue	08 30 / Y Y Y Y Y 08 30 2019												
	City	State	Zip Code	Transaction ID : SA11AI.47717										
	Rochester	NY	14610	Amount of Each Receipt this Period										
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	federal political committee.	С		20.00										
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item										
	MVP Health Care	VP	,											
	Receipt For:	Aggregate	e Year-to-Date ▼											
	Primary General	33 - 3												
	Other (specify)		360.00											
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name											
В.	Mackinnon, Matthew, J., Mr.,	Date of Receipt												
	Mailing Address 1523 East Avenue	09 13 2019												
City			Zip Code	Transaction ID : SA11AI.47718										
	Rochester	NY	14610	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item										
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	Primary General	riggrogato		-										
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<u>с</u> .	Full Name of Individual (Last, First, Middle Init Mackinnon, Matthew, J., Mr.,	Date of Receipt												
	Mailing Address 1523 East Avenue			09 27 2019										
	City	State	Zip Code	Transaction ID : SA11AI.47719										
	Rochester	NY	14610	Amount of Each Receipt this Period										
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	Primary General	Aggregate	e Year-to-Date ▼											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

FOR LINE NUMBER:

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117

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
TILIVILLU REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Fee	deral PAC		
Full Name of Individual (Last, First, M A. Mackinnon, Matthew, J., Mr.,	liddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1523 East Avenue			10 / Y Y Y Y 10 11 2019
City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.47720 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	1
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Full Name of Individual (Last, First, M B. Mackinnon, Matthew, J., Mr.,	liddle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1523 East Avenue			10 / Y Y Y Y 25 2019
City	State	Zip Code	Transaction ID : SA11AI.47721
Rochester	NY	14610	Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		, 440.00]
Full Name of Individual (Last, First, M C. Mackinnon, Matthew, J., MI		rganization Name	Date of Receipt
Mailing Address 1523 East Avenue			11 / D D / Y Y Y Y 11 08 2019
City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.47722 Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 460.00]
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)						
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC						
Z	Full Name of Individual (Last, First, Middle Ini	tial) or Full (rappization Namo					
A.	Mackinnon, Matthew, J., Mr.,		Iganization Name	Date of Receipt				
	Mailing Address 1523 East Avenue			11 22 2019				
	City	State	Zip Code	Transaction ID : SA11AI.47723				
	Rochester	NY	14610	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20.00				
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	MVP Health Care	VP						
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	Primary General		400.00	1				
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в.	Mackinnon, Matthew, J., Mr., Mailing Address 1523 East Avenue			Date of Receipt				
	Maining Address 1523 East Avenue			12 06 2019				
	City	State	Zip Code	Transaction ID : SA11AI.47724				
	Rochester	NY	14610	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		20.00				
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item				
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C.	Mackinnon, Matthew, J., Mr.,			Date of Receipt				
	Mailing Address 1523 East Avenue			12 20 Y Y Y Y Y				
	City	State	Zip Code	Transaction ID : SA11AI.47725				
	Rochester	NY	14610	Amount of Each Receipt this Period				
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item				
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s for each category of the Detailed Summary Page	
				ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC		
Α.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 113 Kaydeross Park Road			07 / D D / Y Y Y Y 05 / 2019
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47726 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
В.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 113 Kaydeross Park Road			07 19 / Y Y Y Y 2019
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47727 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
с.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 113 Kaydeross Park Road			08 02 Y Y Y Y Y 08 02 2019
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47728 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)									
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P/	٩C									
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	Mailing Address 113 Kaydeross Park Road	1-		M M / D D / Y							
	City	State	Zip Code	Transaction ID : SA11AI.47729							
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item							
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	Primary General Other (specify) ▼		510.00]							
В.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 113 Kaydeross Park Road			08 30 2019							
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47730 Amount of Each Receipt this Period							
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify) V		540.00]							
с.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 113 Kaydeross Park Road			09 13 2019							
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47731							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item							
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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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13 14 15 16 17 erson for the purpose of soliciting contributions is to solicit contributions from such committee. 10 10 11 10 11 10 17 Date of Receipt 09 27 2019 10
Date of Receipt 09 27 2019 Transaction ID : SA11AI.47732 Amount of Each Receipt this Period 30.00 Memo Item
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s)								Use separate schedule(s) (check only one) for each category of the Image: Check only one)										
				13 14 15 16 17 ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.																
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC																		
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	Mailing Address 113 Kaydeross Park Road			11 08 / Y Y Y Y 2019																
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47735 Amount of Each Receipt this Period																
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 690.00																	
в.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	Organization Name	Date of Receipt																
	Mailing Address 113 Kaydeross Park Road			11 22 2019																
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47736 Amount of Each Receipt this Period																
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	Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item																
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с.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full O	Organization Name	Date of Receipt																
	Mailing Address 113 Kaydeross Park Road			12 06 Y Y Y Y 12 06 2019																
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.47737 Amount of Each Receipt this Period																
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item																
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	Mailing Address 113 Kaydeross Park Road			M M / D D / Y Y Y Y 12 20 2019										
	City	State	Zip Code	Transaction ID : SA11AI.47738										
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period										
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	Name of Employer (for Individual)		cupation (for Individual)	Memo Item										
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в.	Merola, Jason, , ,			Date of Receipt										
	Mailing Address 236 Haywood Gln	1		10 / D D / Y Y Y Y 10 11 2019										
	City	State	Zip Code	Transaction ID : SA11AI.47759										
	Victor	NY	14564	Amount of Each Receipt this Period										
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) gional Medical Director	Memo Item										
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	Mailing Address 236 Haywood Gln			10 25 2019										
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	Name of Employer (for Individual)		cupation (for Individual)	Memo Item										
	MVP Health Care Receipt For:		gional Medical Director											
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) egional Medical Director		Μ	emo	Item								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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В.	Full Name of Individual (Last, First, Middle Initia Metheny, Laurie, , ,	al) or Full C	Organizati	on Name		Date o	f Re	ceipt									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b	11c		12							
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Other (specify) ▼		950.00														
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 Full Name of Individual (Last, First, Middle Metheny, Laurie, , , Mailing Address 21 Joellen Drive 	Initial) or Full C	Organization Name	Date of Receipt
City Rochester	State NY	Zip Code 14626	10 25 2019 Transaction ID : SA11AI.47773 Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	Chi	ef Risk Officer, VP Year-to-Date ▼ 1100.00	Memo Item
Full Name of Individual (Last, First, Middle B. Metheny, Laurie, , , Mailing Address 21 Joellen Drive			Date of Receipt
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14626	Transaction ID : SA11AI.47774 Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) MVP Health Care Receipt For:	Chi	cupation (for Individual) ief Risk Officer, VP	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1150.00]
Full Name of Individual (Last, First, Middle C. Metheny, Laurie, , , Mailing Address 21 Joellen Drive	Initial) or Full C	Organization Name	Date of Receipt
City Rochester	State NY	Zip Code 14626	Transaction ID : SA11AI.47775 Amount of Each Receipt this Period
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Name of Employer (for Individual) MVP Health Care Receipt For:	Chi	er Risk Officer, VP	Memo Item
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Α.	Full Name of Individual (Last, First, Middle In Metheny, Laurie, , , Mailing Address 21 Joellen Drive	itial) or Full C	Drganization Name	Date of Receipt
	City Rochester	State NY	Zip Code 14626	12 06 2019 Transaction ID : SA11AI.47776 Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care Receipt For: Primary General Other (specify) ▼	Chi	cupation (for Individual) ief Risk Officer, VP a Year-to-Date ▼ 1250.00	Memo Item
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С.	Full Name of Individual (Last, First, Middle In Molloy, Peter, , , Mailing Address 84 York Avenue	itial) or Full C	Drganization Name	Date of Receipt
-	City Saratoga Springs FEC ID number of contributing	State NY	Zip Code 12866	Transaction ID : SA11AI.47785 Amount of Each Receipt this Period
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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NAME OF COMMITTEE	(In Full) e Inc. Federal PAC										
Full Name of Individual A. Molloy, Peter, , , Mailing Address 84 York City	(Last, First, Middle Initial) or Full (Avenue	Drganization Name	Date of Receipt								
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B. Molloy, Peter, , ,			Date of Receipt								
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt C. Montgomery, Susan, , , Date of Receipt											
Mailing Address 12 Feeney Road 07 05 2019											
City Ossining	State NY	Zip Code 10562	Transaction ID : SA11AI.47791								
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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		-1	1a 3		11b 14	11c	12 16	17				
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.														
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC													
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Montgomery, Susan, , ,							Date of Receipt								
	Mailing Address 12 Feeney Road	State		Zip Code		L	08 ^M	/ /	30		2019	Ý			
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в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Montgomery, Susan, , ,														
Mailing Address 12 Feeney Road						09 / D D / Y Y Y Y 2019									
	City Ossining	StateZip CodeNY10562						Amount of Each Receipt this Period							
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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
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	and Statements may not be sold or used by any pe sing the name and address of any political committee	rson for the purpose of soliciting contributions									
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Full Name of Individual (Last, First, Mic A. Montgomery, Susan, , ,	ddle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 12 Feeney Road		11 22 / Y Y Y Y Y 2019									
City Ossining	State Zip Code NY 10562	Transaction ID : SA11AI.47801									
	10302	Amount of Each Receipt this Period									
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Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item									
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	480.00										
Full Name of Individual (Last, First, Mid B. Montgomery, Susan, , ,	ddle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 12 Feeney Road		12 06 2019									
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Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00										
Full Name of Individual (Last, First, Min C. Montgomery, Susan, , ,	ddle Initial) or Full Organization Name	Date of Receipt									
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SCHEDULE A	(FEC Form 3X)
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SCHEDULE A	(FEC Form 3X)
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PAGE 93 OF

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Α.	Full Name of Individual (Last, First, Middle In Odorizzi, Richard, , ,	itial) or Full C	Organization Name		Date of Receipt									
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	Mailing Address 3039 Williamsburg Drive			10 / Y Y Y Y 10 11 2019							
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.47850 Amount of Each Receipt this Period							
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	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.47852 Amount of Each Receipt this Period							
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SCHEDULE A	(FEC Form	3X)
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	Mailing Address 3039 Williamsburg Drive				11 22 2019										
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В.	Full Name of Individual (Last, First, Middle Init Retajczyk, Lynne, , ,		Date of Receipt												
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FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Α.	Full Name of Individual (Last, First, Middle Ini Roohan, Patrick, , ,	tial) or Full O	rganization Name		Date o	f Re	ceipt								
	Mailing Address 1341 Partridge Drive				07 05 / Y Y Y Y Y										
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.47856	;					
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в.	Roohan, Patrick, , ,		_	Date of		·				_					
	Mailing Address 1341 Partridge Drive				07	1	19	/ Y	2019						
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	Mailing Address 1341 Partridge Drive				08 ^M	/	02	/ Y	2019		7				
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.47858	\$	_				
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upat	ion (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 260.00											
в.	Full Name of Individual (Last, First, Middle Initi Smith, Kelly, , , Mailing Address 632 Vanderlyn Lane	al) or Full O	rgar	nization Name	Date of Receipt										
	City	State		Zip Code	Transaction ID : SA11AL47959										
	Slingerlands FEC ID number of contributing federal political committee.	C		12159	Amount of Each Receipt this Period										
	Name of Employer (for Individual) MVP Health Care	Occi VP	upat	tion (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ , 210.00											
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	Mailing Address 632 Vanderlyn Lane				10 / Y Y Y Y 10 25 2019										
	City Slingerlands	State NY		Zip Code 12159	Transaction ID : SA11AI.47960 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) MVP Health Care	Occu VP	upat	ion (for Individual)	Memo Item										
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	Mailing Address 632 Vanderlyn Lane			11 08 2019												
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	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC		
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	Mailing Address 632 Vanderlyn Lane	State	Zip Code	12 20 2019 Transaction ID : SA11AI.47964
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00]
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	Mailing Address 1394 Dean Street			10 / 11 / 2019
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) , Deputy General Counsel	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]
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	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00]
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SCHEDULE A	(FEC Form 3X)
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	y information copied from such Reports and Sta for commercial purposes, other than using the										soliciting	g contrib	utions						
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FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A	(FEC Form 3X)
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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)										
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	y information copied from such Reports and s for commercial purposes, other than using the NAME OF COMMITTEE (In Full)							oliciting								
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	y information copied from such Reports and Si for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC											
Α.	Full Name of Individual (Last, First, Middle Init Viscusi, Rico, , ,	ial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 234 Autumn Run			M M / D D / Y Y Y Y 12 20 2019									
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.48034 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00										
в.	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , ,	ial) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2040 Mill Road	1-		10 / D D / Y Y Y Y 2019									
	City	State	Zip Code	Transaction ID : SA11AI.48042									
	West Falls	NY	14170	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ector	Memo Item									
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	Mailing Address 2040 Mill Road			10 25 2019									
	City West Falls	State NY	Zip Code 14170	Transaction ID : SA11AI.48043 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector	Memo Item									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Α.	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , ,	ial) or Full C	rganization Name	Date of Receipt
	Mailing Address 2040 Mill Road			12 20 / Y Y Y Y Y 20 2019
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	West Falls		14170	Amount of Each Receipt this Period
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	Mailing Address 7 Cypress Street	Ototo	Zin Oode	10 11 2019
	City	State NY	Zip Code	Transaction ID : SA11AI.48068
	Albany		12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
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	Mailing Address 7 Cypress Street			10 25 2019
	City	State	Zip Code	Transaction ID : SA11AI.48069
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SCHEDULE A	(FEC Form 3X)
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	s and Statements may not be sold or used by any pe sing the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed		
Full Name of Individual (Last, First, Mi A. Zdunczyk, Gale, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 7 Cypress Street	State Zip Code	11 08 2019
Albany	NY 12205	Transaction ID : SA11AI.48070 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Other (specify) ▼	230.00	
Full Name of Individual (Last, First, Mi B. Zdunczyk, Gale, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 7 Cypress Street		11 22 2019
City	State Zip Code	Transaction ID : SA11AI.48071
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240,00	
Full Name of Individual (Last, First, Mi c. Zdunczyk, Gale, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 7 Cypress Street		M M / D D / Y Y Y Y 12 06 2019
City Albany	StateZip CodeNY12205	Transaction ID : SA11AI.48072 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager	Memo Item
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Full Name of Individual (Last, First, M A. Zdunczyk, Gale, , , Mailing Address 7 Cypress Street	liddle Initial) or Full C	Organization Name	Date of Receipt
City Albany FEC ID number of contributing	State NY	Zip Code 12205	12 20 2019 Transaction ID : SA11AI.48073 Amount of Each Receipt this Period
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Primary General Other (specify) ▼ Full Name of Individual (Last, First, M		Year-to-Date ▼ 260.00	
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SCHE	EDULE B (FEC Form 3X)			FC	DR LI	NE N	IUMBER:	:			PA	GE	115 O	F 117
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	IE OF COMMITTEE (In Full)													
	/P Health Care Inc. Federal PA	C												
-	Name (Last, First, Middle Initial) RIAN HIGGINS FOR CONGRES	S					Date of	f Dis	burse			V	Y	~
Mail	ing Address P.O. BOX 28						08	/	2		Ľ)19	
City BUF	FALO	State NY	Zip Code 14220				FEC Id	entifi	icatior	n Nur	nber	_	_	
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	Name (Last, First, Middle Initial) ISE FOR CONGRESS						Date of		burse			V	Y	
Maili	ing Address PO BOX 338						08	/	2		Y)19	Ŷ
City WIL	LSBORO	State NY	Zip Code 12996				FEC Id	entifi	icatior	n Nur	nber			
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onio	Senate X	Primary	General								-			
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City CAN	1ILLUS	State NY	Zip Code 13031				FEC Id	entifi	icatior	n Nur	nber		_	
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SUBT	OTAL of Disbursements This Page (optional).)		-		,	-	7	-	3000.0	
ΤΟΤΑΙ	L This Period (last page this line number only	′))				,		,			

SCHEDULE B (FEC Form 3X)			FOR LINE	
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	-			
MVP Health Care Inc. Federal PA	С			
Full Name (Last, First, Middle Initial) A. PAUL TONKO FOR CONGRESS				Date of Disbursement
Mailing Address 911 CENTRAL AVENUE PO BOX 221				08 22 2019
City ALBANY	State NY	Zip Code 12206		FEC Identification Number
Purpose of Disbursement		12200		C C00450049
-			011	Transaction ID : SB23.48109
Candidate Name PAUL TONKO FOR CONGRESS			Category/ Type	Amount of Each Disbursement this Period
	ment For:	2020	туре	1000.00
Senate 🗶	_	General		
State: NY District: 20	Other (spe	cify) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. SEAN PATRICK MALONEY FOR	CONGR	RESS		Date of Disbursement
Mailing Address PO BOX 270				08 / D D / Y Y Y Y 22 / 2019
City	State	Zip Code		FEC Identification Number
NEWBURGH Purpose of Disbursement	NY	12550		C C00512426
			011	C C00512426 Transaction ID : SB23.48110
			Category/	Amount of Each Disbursement this Period
SEAN PATRICK MALONEY FOR Office Sought: x House Disburse	ement For:		Туре	1000.00
Senate X	1	General		
State: NY District: 18	Other (spe	cify)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
0.				
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name				
			Category/ Type	Amount of Each Disbursement this Period
	ement For:			1 1 49 1 1 49 1 1 40 1
Senate President	Primary Other (spe	General (ifv) ▼		
State: District:		<i>,</i> , <i>,</i>		Memo Item
				2000.00
SUBTOTAL of Disbursements This Page (optional).			····· ►	
TOTAL This Period (last page this line number only	/)			5000.00

SCHEDULE D (FEC Form 3X)				PAGE 117 OF 117
· · · · · · · · · · · · · · · · · · ·			(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			for each	(check only one) 9
Excluding Loans			numbered line)	X 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debto	or or Creditor			ebt (Purpose):
Deluxe Business Checks			Check Prin	ting
Mailing Address P.O. Box 742572				
City	State	Zip Code		
Cincinnati	OH	45274		
Outstanding Balance Beginning This Period 145.00			Transactio	on ID : SD10.4163
Amount Incurred This Period	Pay	ment This Period	Outstandir	g Balance at Close of This Period
0.00		0.	00	145.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Media Well Done			Advertising	
Mailing Address				
Mailing Address 96 Jay Street				
City	State	Zip Code		
	NIX/	12305		
Schenectady	NY	.2000		
Schenectady Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4165
			Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period		yment This Period		
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period		yment This Period	Outstandir	g Balance at Close of This Period
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