FEC FORM 3X

# REPORT OF RECEIPTS

AND DISBURSEMENTS

For Other Than An Authorized Committee
--

							Office Use Only	
1. NAME OF COMMITTEE	(in full)	TYPE OR PRIN	Τ ▼	Example: If ty over the lines		12FE4M	5	
MVP Health	Care Inc.	Federal PA	C					
ADDRESS (numbe	r and street)	625 State Str	et					
Check if than prev reported.	viously	Schenectady				NY	12305	·
2. FEC IDENTI	FICATION N		CITY	∕▲	\$	STATE 🔺	ZIP CO	DE 🔺
<b>C</b> C0043	31429		3. IS RE	THIS EPORT X	NEW (N) <b>OR</b>	AN (A)	1ENDED	
4. TYPE OF F (Choose One)	REPORT	(b) Monthly Report		20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly	Reports:	Due On:	Mar 2	20 (M3)	Jun 20 (M6)		20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly Report (Q1)			20 (M4)	Jul 20 (M7)		20 (M10)	Jan 31 (YE)
July Qua	15 rterly Report (	Q2) PR	Day E-Election	Primary (1     Convention		General		Runoff (12R)
	ber 15 rterly Report (		oort for the:	Conventio		Special (		
	iary 31 -End Report (	YE)	Election	on 06	26	2018	in the State o	f NY
Rep	31 Mid-Year ort (Non-electi Only) (MY)	on PO	Day <b>ST</b> -Election port for the:	General (3	30G)	Runoff (3	30R)	Special (30S)
Termination Report (TER)			Election			Y Y Y Y Y	in the State o	f
5. Covering Peri	od 0	M / D D 04 01	2018	Y through	n 06	/ D D / 06	2018	
I certify that I hav Type or Print Nam		Estey, Jordar		ny knowledge an	d belief it is tru	e, correct and	d complete.	
Signature of Treas	Este Surer	ey, Jordan, T, ,		[Electronic	ally Filed] D	ate 06	/ D D / 25	Y Y Y Y Y 2018
NOTE: Submission	of false, error	neous, or incompl	ete information	may subject the p	erson signing th	is Report to th		-
Use Only							FEC FOR Rev. 05/20	

06/25/2018 13 : 20

PAGE 1 / 31

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

-	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
۷	Write or Type Committee Name		
I	MVP Health Care Inc. Federal PA	AC	
F	Report Covering the Period: From:	M M / D D / Y Y Y Y 04 01 2018 To:	06 / 06 / Y Y Y Y Y 06 06 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		63943.34
	(b) Cash on Hand at Beginning of Reporting Period	64874.34	
	(c) Total Receipts (from Line 19)	4262.00	11693.00
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	69136.34	75636.34
7.	Total Disbursements (from Line 31)	6500.00	13000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	62636.34	62636.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	<ul> <li>Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)</li> </ul>	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:	0040	To: 06 / 06 / 2018	
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	2740.00	4380.00	
(i) Itemized (use Schedule A)		4300.00	
(ii) Unitemized	1522.00	7313.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)	4262.00	11693.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	4262.00	11693.00	
Totals to Line 33, page 5)►	4202.00		
. Transfers From Affiliated/Other Party Committees	0.00	0.00	
Faity Committees			
. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made	A		
to Federal Candidates and Other			
Political Committees	0.00	0.00	
. 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) Lovin Funda (from Schodula HE)	0.00	0.00	
(b) Levin Funds (from Schedule H5)			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),	4262.00	11602.00	
12, 13, 14, 15, 16, 17, and 18(c))	4262.00	11693.00	
. Total Federal Receipts			

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ 4262.00

11693.00

Page 3

I

# DETAILED SUMMARY PAGE

of Disbursements

	FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4	
	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
	perating Expenditures: ) Allocated Federal/Non-Federal Activity (from Schedule H4)			
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(b	<ul> <li>Other Federal Operating Expenditures</li> </ul>	0.00	0.00	
(C	<ul> <li>Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	0.00	
	ransfers to Affiliated/Other Party	0.00	0.00	
Ċ	ontributions to ederal Candidates/Committees nd Other Political Committees	6500.00	13000.00	
In	dependent Expenditures			
Ċ	se Schedule E) oordinated Party Expenditures 2 U.S.C. § 30116(d))	0.00	0.00	
(u	se Schedule F)	0.00	0.00	
Lo	pan Repayments Made	0.00	0.00	
Loans Made Refunds of Contributions To:		0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b	) Political Party Committees	0.00	0.00	
(c		0.00	0.00	
(d	) Total Contribution Refunds			
	(add Lines 28(a), (b), and (c))	0.00	0.00	
	ther Disbursements (Including on-Federal Donations)	0.00	0.00	
	ederal Election Activity (52 U.S.C. § 30101(2	47. 47. 48.		
(a		- //		
	(i) Federal Share	0.00	0.00	
	(ii) "Levin" Share	0.00	0.00	
(b	<ul> <li>Federal Election Activity Paid</li> <li>Entirely With Federal Funds</li> </ul>	0.00	0.00	
(C	<ul> <li>Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))</li> </ul>			
		0.00	0.00	
	otal Disbursements (add Lines 21(c), 22, 3, 24, 25, 26, 27, 28(d), 29 and 30(c))	6500.00	13000.00	
Тс	otal Federal Disbursements		4	
(s	ubtract Line 21(a)(ii) and Line 30(a)(ii)			
tro	om Line 31)	6500.00	13000.00	

## DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
		~	(1101.	00,2010)

## 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) .....

	-		-	4262.00
_				
<u> </u>	-		 -	0.00
				4262.00
1	 -7		 -	4262.00
				0.00
	 7		 -7	0.00
	1	1		0.00
	 7		 -7	0.00
				0.00
	-7-		-7-	0.00

						11693.00
	-	-7-		-	-7-	11093.00
- E -						0.00
	+	-	÷	4	-	
	_		_	_		11693.00
	÷	-	÷	÷	-	
		-			-	0.00
		7			-7	0.00
			1			0.00
1.00		-7-				0.00

COLUMN B

Calendar Year-to-Date

#### Page 5

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	Us for De

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

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

11b

(check only one)

**X** 11a

31

PAGE

11c

6 OF

12

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 Austen, Karla, , , Α. Date of Receipt Mailing Address 25 Carriage House Lane 1 04 13 2018 City Zip Code State Transaction ID : SA11AI.44672 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) EVP, Chief Financial Officer **MVP Health Care** Receipt For: 2018 Aggregate Year-to-Date ▼ × Primary General 480.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane 04 2018 27 City State Zip Code Transaction ID : SA11AI.44673 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primarv General x Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Austen, Karla, , , Date of Receipt Mailing Address 25 Carriage House Lane MM 05 11 2018 City Zip Code State Transaction ID : SA11AI.44674 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care EVP, Chief Financial Officer Receipt For: 2018 Aggregate Year-to-Date ▼ Primary General X 600.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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

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SCHEDULE A	(FEC Form 3X)			
ITEMIZED RECEIPTS				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

31

		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 e to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC														
Full Name of Individual (Last, First, Mide A. Austen, Karla, , , Mailing Address 25 Carriage House Lane		rganization Name	Date of Receipt												
			05 29 2018												
City	State	Zip Code	Transaction ID : SA11AI.44675												
Saratoga Springs	NY	12866	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		60.00												
Name of Employer (for Individual)		upation (for Individual)	Memo Item												
MVP Health Care	EVF	P, Chief Financial Officer													
Receipt For: 2018	Aggregate	Year-to-Date ▼													
★   Primary   General     Other (specify)   ▼		660.00	1												
Full Name of Individual (Last, First, Mide B. Cameron, Carl, , ,		rganization Name	Date of Receipt												
Mailing Address 70 Barclay Square Drive			04 13 2018												
City	State	Zip Code	Transaction ID : SA11AI.44684												
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: 2018	Aggregate	Year-to-Date ▼ 240.00	]												
Full Name of Individual (Last, First, Mido C. Cameron, Carl, , ,	lle Initial) or Full C	rganization Name	Date of Receipt												
Mailing Address 70 Barclay Square Drive	1		04 27 2018												
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.44685 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	ů – Elektrik														
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item												
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.00	]												
SUBTOTAL of Receipts This Page (option	al)		120.00												

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

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         8         OF           (check only one)         11a         11b         11c         12           13         14         15         16         16
			person for the purpose of soliciting contribution to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Middle Cameron, Carl, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 70 Barclay Square Drive			05 11 2018
City	State	Zip Code	Transaction ID : SA11AI.44686
Rochester	NY	14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle Cameron, Carl, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 70 Barclay Square Drive			M M / D D / Y Y Y Y 05 29 2018
City	State	Zip Code	Transaction ID : SA11AI.44687
Rochester	NY	14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	]
Full Name of Individual (Last, First, Middle Catherine, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 19 Julia Court			04 13 / Y Y Y Y
City	State	Zip Code	Transaction ID : SA11AI.44688
Mahopac	NY	10541	Amount of Each Receipt this Period
FEC ID number of contributing	C		40.00

FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) MVP Health Care Receipt For: 2018 Primary General Other (specify)	Occupation (for Individual)       EVP       Aggregate Year-to-Date ▼       320.00	Memo Item
SUBTOTAL of Receipts This Page (optional).		100.00

TOTAL This Period (last page this line number only)...... 1 1 4p. 1 1 4p. 1 1 4p.

31

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

(check only one)

PAGE

9 OF

		Detailed Summary Page	×	-		11b	11c	12	<u> </u>						
Any information copied from such Report	s and Statements m	Av not be sold or used by any r	Derson f	13 or the		14 pose of	15 soliciting	16 L contribu	17 utions						
or for commercial purposes, other than u															
NAME OF COMMITTEE (In Full)															
MVP Health Care Inc. Fed	eral PAC														
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	Prganization Name													
A. Clancy, Catherine, , ,			[	Date of											
Mailing Address 19 Julia Court				м м 04	1	D D D 27	/ Y	2018	Y						
City	State	Zip Code	- 1		act	the second second	SA11AI.	1							
Mahopac	NY	10541	1				eceipt th		ł						
FEC ID number of contributing federal political committee.	C						-	40	.00						
Name of Employer (for Individual) MVP Health Care	Occ	upation (for Individual)		Μ	emo	tem									
Receipt For: 2018	Aggregate	Year-to-Date ▼	_												
★ Primary General	Aggregate														
Other (specify)		360.00													
Full Name of Individual (Last, First, Mi B. Clancy, Catherine, , ,	ddle Initial) or Full C	organization Name	1	Date of	f Re	eceipt									
Mailing Address 19 Julia Court			05	/	D D D 11	/ Y	2018	Y							
City	State	Zip Code		Transaction ID : SA11AI.44690											
Mahopac	NY	10541	/	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.			40.00												
Name of Employer (for Individual) MVP Health Care	Occ EV	upation (for Individual) P		М	emc	o Item									
Receipt For: 2018	Aggregate	Year-to-Date ▼	—												
★   Primary   General     Other (specify)   ▼		400.00	1												
Full Name of Individual (Last, First, Mi	ddle Initial) or Full C	Organization Name		Date of	f Re	eceipt									
Mailing Address 19 Julia Court				<sup>M</sup> 05	/	29	/ Y	2018	Y						
City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	44691							
Mahopac	NY	10541	/	Amoun	t of	Each R	eceipt th	is Period	ł						
FEC ID number of contributing federal political committee.					<b>y</b>	. y	40	.00							
Name of Employer (for Individual)	Occ	upation (for Individual)	_	Memo Item											
MVP Health Care															
Receipt For: 2018	Aggregate	Year-to-Date V													
× Primary General		440.00	11.												
Other (specify)		440.00													
SUBTOTAL of Receipts This Page (optic	onal)					, .	.,	120	.00						
TOTAL This Period (last page this line r	number only)					-									

Im	age# 201806259115167864			
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       10       OF       31         (check only one)       11a       11b       11c       12         13       14       15       16       17
				person for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal			
Α.	Full Name of Individual (Last, First, Middle In Deferio, Patricia, , ,	nitial) or Full O	rganization Name	Data of Respiret
А.	Mailing Address 106 Birch Street			Date of Receipt
	City	State NY	Zip Code 13088	Transaction ID : SA11AI.44704
	Liverpool           FEC ID number of contributing federal political committee.	C	13088	Amount of Each Receipt this Period
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	MVP Health Care         Receipt For:       2018         ▼       Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]
В.	Full Name of Individual (Last, First, Middle In Deferio, Patricia, , , Mailing Address 106 Birch Street	iitial) or Full O	rganization Name	Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.44705
	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: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	]
C.	Full Name of Individual (Last, First, Middle In Deferio, Patricia, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 106 Birch Street	Ototo	Zin Oada	05 / D D / Y Y Y Y 2018
	City Liverpool	State NY	Zip Code 13088	Transaction ID : SA11AI.44706 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item
	Receipt For:       2018         X       Primary       General         Other (specify)       Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1

SUBTOTAL of Receipts This Page (optional)		l	y		9		120.0	00	
TOTAL This Period (last page this line number only)	E				-				

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

(check only one)

PAGE 11 OF

ITEINIZED RECEIPTS		Detailed Summary Page	×	11a		11b	11c		12				
		Dotanou Gummary Faye		13		14	15		16	17			
Any information copied from such Reports all or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)													
> MVP Health Care Inc. Feder	al PAC												
Full Name of Individual (Last, First, Middle A. Deferio, Patricia, , ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt							
Mailing Address 106 Birch Street				<sup>M</sup> 05	/	D 29	р / Y		у 018	Y			
City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.447	07				
Liverpool	NY	13088		Amount	of	Each F	Receipt th	nis F	'eriod				
FEC ID number of contributing federal political committee.	C							_	40.0	00			
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)		Me	emo	Item							
Receipt For: 2018	Aggregate	Year-to-Date V											
<b>x</b> Primary General	7.99109410		- I -										
Other (specify) V		440.00	4										
Full Name of Individual (Last, First, Middle B. Del Vecchio, Christopher, , ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt							
Mailing Address 2854 W. Old State Road			04 13 2018										
City	State	Zip Code		Trans	acti	on ID :	SA11AI.	.447(	08				
Schenectady	NY	12303					Receipt th						
FEC ID number of contributing federal political committee.	C			60.00									
Name of Employer (for Individual) MVP Health Care		cupation (for Individual) ef Operating Officer		Me	emo	Item							
Receipt For: 2018	Aggregate	Year-to-Date V											
✔     Primary     General       Other (specify) ▼		480.00											
Full Name of Individual (Last, First, Middle C. Del Vecchio, Christopher, , ,	e Initial) or Full C	Organization Name		Date of	Re	ceipt							
Mailing Address 2854 W. Old State Road				<sup>M</sup> 04	/	D 27			018 <sup>°</sup>	Y			
City	State	Zip Code		Trans	acti	ion ID :	SA11AI	.447	09				
Schenectady	NY	12303		Amount	of	Each F	Receipt th	nis F	'eriod				
FEC ID number of contributing federal political committee.			60.00										
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item									
MVP Health Care	ef Operating Officer												
Receipt For: 2018													
× Primary General	33 31.0	Year-to-Date ▼											
Other (specify)		540.00											
SUBTOTAL of Receipts This Page (optiona						, .			160.0	00			
TOTAL This Period (last page this line num	ber only)					<del>,</del>	. <b>.</b>						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS													
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.         NAME: CF COMMITTEE (in Full)         MVP Health Care Inc. Federal PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Del Vecchio, Christopher,         Mailing Address 284.W. Old State Road         Oty         Schenectady         Name of Employer (for Individual)         Number of contributing federal political committee.         Receipt For: 2018         Permary         General         Other (specify) ▼         Buel Vecchio, Christopher,         Mailing Address 284.W. Old State Road         Other (specify) ▼         Buel Vecchio, Christopher,         Mailing Address 2854.W. Old State Road         Other (specify) ▼         Buel Vecchio, Christopher,         Mailing Address 2854.W. Old State Road         Other (specify) ▼         Schenectady         NY         12303         FEC ID number of contributing federal political committee.         C         Name of Individual (Last, First, Middle Initial) or Full Organization Name         Receipt For: 2018         Receipt Ror: 2019 <t< th=""><th colspan="2"></th><th></th><th>for each category of the</th><th>(check only one)           Image: state s</th></t<>				for each category of the	(check only one)           Image: state s								
MVP Health Care Inc. Federal PAC         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A. Del Vecchio, Christopher,         Maling Address 2864 W. Old State Road         City         Schemedtady         Nume of Employer (for Individual)         MVP Health Care         Receipt For: 2018         City         Schemedtady         Name of Employer (for Individual)         MVP Health Care         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name         B. Del Vecchio, Christopher,         Maling Address 2864 W. Old State Road         City         Schemedtady         FEC ID number of contributing federal political committee.         Date of Receipt for: 2018         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Maling Address 2864 W. Old State Road         City         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Schemedtady         Schemetady <t< th=""><th></th><th>for commercial purposes, other than using the n</th><th></th><th></th><th></th></t<>		for commercial purposes, other than using the n											
A. Del Vecchio, Christopher, . ,       Date of Receipt         Mailing Address 2854 W. Old State Road       05 11 2018         City       State       Zip Code         Scherectady       NY       12303         FEC ID number of contributing tederal political committee.       C       General         Mailing Address 2854 W. Old State Road       Occupation (for Individual)       Amount of Each Receipt this Period         Name of Employer (for Individual)       Occupation (for Individual)       Mount of Each Receipt this Period         Mailing Address 2864 W. Old State Road       Aggregate Year-to-Date ▼       Memo Item         B. Del Vecchio, Christopher, . ,       Mailing Address 2864 W. Old State Road       Mailing Address 2864 W. Old State Road         City       State       Zip Code       NY       12303         FEC ID number of contributing tederal political committee.       C       Memo Item       Memo Item         Mailing Address 37 Campus Club Drive       C       Memo Item       Memo Item         City       State       Zip Code       Memo Item         Y Primary       General       Aggregate Year-to-Date V       Memo Item         Y Primary       General       Aggregate Year-to-Date V       Memo Item         Y Primary       General       Magregate Year-to-Date V			AC										
City       State       Zip Code       Transaction ID: SA11AL44710         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         MVP Heath Care       City       General       General         Other (specify) ▼       General       General       General         Other (specify) ▼       General       General       General         Other (specify) ▼       General       General       General         Other (specify) ▼       State       Zip Code       Zip Code         Schenectady       NY       12303       Transaction ID: SA11AL44711         Aggregate Year-to-Date ▼       General       General       General         Other (specify) ▼       State       Zip Code       Transaction ID: SA11AL44711         Amount of Each Receipt His Period       General       General       General         Other (specify) ▼       State       Zip Code       Transaction ID: SA11AL44711         Amount of Each Receipt His Period       General       General       General         NWP Heath Care       Citied Operating Officer       General       General       General         NWP Heath Care       Aggregate Year-to-Date ▼       General       General       General         Guideriand	Α.	Del Vecchio, Christopher, , ,	l) or Full O	Organization Name	Date of Receipt								
Schenectady       NY       12303       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       amount of Each Receipt this Period         Name of Employer (for individual)       Occupation (for Individual)       Memo Item         MVP Health Care       Aggregate Year-to-Date ▼       Image: Contributing tederal political committee.         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. Del Vecchio, Christopher, , ,       Mailing Address 2854 W. Old State Road       Date of Receipt         City       State       NY       12303         Schenectady       NY       12303       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       05 / 29 / 2018         Name of Employer (for Individual)       Occupation (for Individual)       Amount of Each Receipt this Period         MVP Health Care       C       680,00       Memo Item         FEC ID number of contributing tederal political committee.       C       0       0         Y Primary       General       Occupation (for Individual)       0       0       0         Mailing Address 37 Campus Club Drive       C       0       0       0       0         City       Ga			Otata	Zin Oada	05 11 2018								
federal political committee.       0         Name of Employer (for Individual) MVP Health Care       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt for 2018         B. Del Vecchio, Christopher, , , Middle Initial) or Full Organization Name       Date of Receipt for 2018         Mailing Address 2864 W. Old State Road       0000         City       Schenectady         Name of Employer (for Individual) MVP Health Care       C         Receipt For: 2018       C         Receipt For: 2018       Aggregate Year-to-Date ▼         Mailing Address 37 Campus Club Drive       C         City       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         MVP Health Care       Aggregate Year-to-Date ▼       Immary         General       Other (specify) ▼       680,00       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         City       General       Aggregate Year-to-Date ▼       Immary       Date of Receipt         Will Mailing Address 37 Campus Club Drive       Total Y       2018       Transaction ID : SA11AL44728         Guideriand       NY       12084<													
MVP Health Care       Chief Operating Officer         Receipt For: 2018       Aggregate Year-to-Date ▼		8	С		60.00								
Primary General Other (specify) ▼                Aggregate Year-to-Date ▼                 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name               Date of Receipt                 B. Del Vecchio, Christopher, , ,               Mailing Address 2854 W. Old State Road               Date of Receipt                 City             Schenectady             NY             12303               Date of Receipt               Date of Receipt                 Receipt For: 2018             C1             C1					Memo Item								
B. Del Vecchio, Christopher, , ,       Date of Receipt         Mailing Address 2854 W. Old State Road       City         City       State       Zip Code         Schenectady       NY       12303         FEC ID number of contributing federal political committee.       C       Aggregate Year-to-Date ▼         Mailing Address 37 Campus Club Drive       Aggregate Year-to-Date ▼       Date of Receipt         FUI Name of Employer (for Individual)       Occupation (for Individual)       Date of Receipt         Mailing Address 37 Campus Club Drive       City       State       Zip Code         City       State       Zip Code       Transaction ID : SA11AL44711         Amount of Each Receipt this Period       660,00       Memo Item         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       Mailing Address 37 Campus Club Drive       Transaction ID : SA11AL44728         City       State       Zip Code       Transaction ID : SA11AL44728         Amount of Each Receipt this Period       40.00       Memo Item         Memo Item       40.00       Memo Item		Primary General	Aggregate										
City       State       Zip Code       Transaction ID : SA11AL44711         Schenectady       NY       12303       Amount of Each Receipt this Period         FEC ID number of contributing federal political committee.       C       60.00       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       60.00         Memo Item       Aggregate Year-to-Date ▼       Memo Item       Memo Item         Y       Primary       General       660.00       Date of Receipt         Gity       State       Zip Code       Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code       12084       Transaction ID : SA11AL44728         Amount of Each Receipt Initial (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       04       13       2018         City       State       Zip Code       12084       Memo Item       40.00       04       40.00       04       04       04       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.00       04.0	В.	Del Vecchio, Christopher, , ,	l) or Full O	Organization Name									
Schenectady       NY       12303       Hamburg for a contributing federal political committee.         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) MVP Health Care       Occupation (for Individual) Chief Operating Officer       Memo Item         Receipt For: 2018       Aggregate Year-to-Date ▼ <ul> <li>Memo Item</li> <li>Memo Item</li> </ul> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <ul> <li>Date of Receipt</li> <li>Mailing Address 37 Campus Club Drive</li> <li>City</li> <li>Guilderland</li> <li>FEC ID number of contributing federal political committee.</li> <li>Name of Employer (for Individual)</li> <li>MVY</li> <li>Doccupation (for Individual)</li> <li>Memo Item</li> <li>Memo Item</li> </ul> Mailing Address 37 Campus Club Drive <ul> <li>City</li> <li>Guilderland</li> <li>NY</li> <li>12084</li> </ul> FEC ID number of contributing federal political committee. <ul> <li>Memo Item</li> <li>Memo Item</li> <li>Memo Item</li> <li>Memo Item</li> </ul> MVP Health Care       Aggregate Year-to-Date ▼ <ul> <li>Memo Item</li> <li>Memo Item</li> </ul>													
FEC ID number of contributing federal political committee.       C       60.00         Name of Employer (for Individual) MVP Health Care       Occupation (for Individual) Chief Operating Officer       Memo Item         Receipt For: 2018       Aggregate Year-to-Date ▼       660.00       Memo Item         Y       Primary       General       660.00       Date of Receipt         Other (specify) ▼       Aggregate Year-to-Date ▼       04       13       2018         Transaction ID : SA11AL44728       Amount of Each Receipt Ibits Period       Transaction ID : SA11AL44728       Amount of Each Receipt Ibits Period         FEC ID number of contributing federal political committee.       C       Occupation (for Individual) MARAGE       Aggregate Year-to-Date ▼       Memo Item         Name of Employer (for Individual)       Occupation (for Individual) MARAGE       Memo Item       40.00         Mailing Address 37 Campus Club Drive       C       40.00       Memo Item         FEC ID number of contributing federal political committee.       C       40.00       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item       Memo Item         MVP Health Care       Aggregate Year-to-Date ▼       Memo Item       Memo Item       Memo Item													
MVP Health Care       Chief Operating Officer         Receipt For: 2018       Aggregate Year-to-Date ▼		5	С										
★       Primary       General         Other (specify)       660.00         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       Estey, Jordan, T, ,         Mailing Address 37 Campus Club Drive       04         City       State         Guilderland       NY         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         MVP Health Care       Aggregate Year-to-Date ▼         Receipt For:       2018         ✓       Primary         General       Other (specify)		MVP Health Care			Memo Item								
C. Estey, Jordan, T, ,       Date of Receipt         Mailing Address 37 Campus Club Drive       Date of Receipt         City       State       Zip Code         Guilderland       NY       12084         FEC ID number of contributing       C       40.00         federal political committee.       C       40.00         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         MVP Health Care       Aggregate Year-to-Date ▼       Memo Item         Y       Primary       General       320.00		Primary     General	Aggregate										
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Guilderland       NY       12084         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Period         Name of Employer (for Individual) MVP Health Care       Occupation (for Individual) Manager       Memo Item         Receipt For:       2018       Aggregate Year-to-Date ▼       Memo Item         Y       Other (specify)       General       320.00		· · · · · · · · · · · · · · · · · · ·	01-1-	7. 0.4	04 13 2018								
FEC ID number of contributing federal political committee.   Name of Employer (for Individual)   MVP Health Care   Receipt For: 2018   Primary   General   Other (specify)     Aggregate Year-to-Date     320.00													
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Yerimary     General       Other (specify)     320.00				1 ( )	Memo Item								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 13 OF

31

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11				or each category of the Detailed Summary Page		<b>X</b> 11a 13		11b	11c		2 6	17	
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay n Iddre	ot be sold or used by any po ess of any political committee	erson e to s	for the	pur ntrib	pose of	soliciting	g cont	ributio	ons	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC											
Α.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	ial) or Full O	rgar	nization Name		Date of	f Re	eceipt					
	Mailing Address 37 Campus Club Drive					м м 04	/	D D D 27	/ Y	y 201			
	City Guilderland	State NY		Zip Code 12084					SA11AI.				
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	Name of Employer (for Individual) MVP Health Care	Occi Mar	•	ion (for Individual) r		Μ	emc	tem					
	Receipt For: 2018	Aggregate	Yea	r-to-Date ▼ 360.00	]								
в.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	ial) or Full O	rgar	nization Name		Date of	f Re	eceipt					
F f	Mailing Address 37 Campus Club Drive					м м 05	/	D D D	/ Y	201			
	City Guilderland	State NY		Zip Code 12084		Transaction ID : SA11AI.44730           Amount of Each Receipt this Per							
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	Name of Employer (for Individual) MVP Health Care	Occ Mar	•	ion (for Individual) er		Μ	emc	tem					
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 410.00	]								
С.	Full Name of Individual (Last, First, Middle Initi Estey, Jordan, T, ,	ial) or Full O	rgar	nization Name		Date of	f Re	eceipt					
	Mailing Address 37 Campus Club Drive					<sup>M</sup> 05	1	29	/ Y	y 201			
	City Guilderland	State NY		Zip Code 12084					SA11AI				
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	Name of Employer (for Individual) MVP Health Care	Occi Man	•	ion (for Individual) r		M	emo	) Item					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         14         OF         31           (check only one)         Image: Check only one in the image: Check only one in the image: Check on its in the image: Checkkon its in the image: Check on its in the image: Checkon								
	y information copied from such Reports and St for commercial purposes, other than using the			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P											
Α.	Full Name of Individual (Last, First, Middle Init Flor, Ian, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 144 Watch Hill Road			04 / D D / Y Y Y Y 2018								
	City Cortlandt Manor	State NY	Zip Code 10567	Transaction ID : SA11AI.44740 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	upation (for Individual)	Memo Item								
	Receipt For: 2018		Year-to-Date ▼ 240.00	]								
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name									
В.	Flor, Ian, , , Mailing Address 144 Watch Hill Road			Date of Receipt								
	City	State	Zip Code	Transaction ID : SA11AI.44741								
	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								
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	✔   Primary   General     Other (specify) ▼		270.00	]								
c.	Full Name of Individual (Last, First, Middle Init Flor, Ian, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 144 Watch Hill Road	State	Zip Code	05 / D D / Y Y Y Y 2018								
	City Cortlandt Manor	NY	10567	Transaction ID : SA11AI.44742 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)	Memo Item								
	Receipt For: 2018	Aggregate	Year-to-Date V									
	Primary General     Other (specify)		300.00	]								

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:       PAGE       15       OF       31         (check only one)       Image: state sta
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Flor, Ian, , ,	ial) or Full O	organization Name	Date of Receipt
	Mailing Address 144 Watch Hill Road			05 / Y Y Y Y 05 29 2018
	City Cortlandt Manor	State NY	Zip Code 10567	Transaction ID : SA11AI.44743 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	upation (for Individual)	Memo Item
	Receipt For: 2018		Year-to-Date ▼ 330.00	]
в.	Full Name of Individual (Last, First, Middle Init Glavey, Patrick, , , Mailing Address 3 Park Forest Drive	ial) or Full O	organization Name	Date of Receipt
	City	Stata	Zin Codo	04 13 2018
	City Pittsford	State NY	Zip Code 12180	Transaction ID : SA11AI.44752
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 40.00
	Name of Employer (for Individual) MVP Health Care	Occ EVF	upation (for Individual) P	Memo Item
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]
с.	Full Name of Individual (Last, First, Middle Init Glavey, Patrick, , ,	ial) or Full O	Organization Name	Date of Receipt
	Mailing Address 3 Park Forest Drive			04 / D D / Y Y Y Y Y 2018
	City Pittsford	State NY	Zip Code 12180	Transaction ID : SA11AI.44753 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	upation (for Individual)	Memo Item
_	Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 360.00	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 16 OF

31

11EI	WIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
				e to solicit contributions from such committee.							
	AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal I	PAC									
<b>A</b>	ull Name of Individual (Last, First, Middle Ini Glavey, Patrick, , ,	tial) or Full C	rganization Name	Date of Receipt							
_	ailing Address 3 Park Forest Drive			05 / D D / Y Y Y Y 2018							
Ci	ty ittsford	State NY	Zip Code 12180	Transaction ID : SA11AI.44754 Amount of Each Receipt this Period							
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	ame of Employer (for Individual) VP Health Care	Occ	upation (for Individual)	Memo Item							
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в	ull Name of Individual (Last, First, Middle Ini Slavey, Patrick, , , ailing Address 3 Park Forest Drive	tial) or Full C	rganization Name	Date of Receipt							
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	ity ittsford	State NY	Zip Code 12180	Transaction ID : SA11AI.44755 Amount of Each Receipt this Period							
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	ame of Employer (for Individual) VP Health Care	Occ	upation (for Individual)								
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<b>c</b> (	ull Name of Individual (Last, First, Middle Ini Gonick, Denise, , ,	tial) or Full C	rganization Name	Date of Receipt							
М	ailing Address 332 Torquay Blvd.			04 / D D / Y Y Y Y 04 13 2018							
Ci	ity Ibany	State NY	Zip Code 12203	Transaction ID : SA11AI.44756 Amount of Each Receipt this Period							
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Μ	ame of Employer (for Individual) VP Health Care		upation (for Individual) D/President	Memo Item							
R	eceipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 640.00	1							
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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

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PAGE 17 OF

31

			Detailed Summary Page	×	-		11b	11c		12	<u> </u>
	y information copied from such Reports and for commercial purposes, other than using th							f soliciting		ntribut	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal										
A.	Full Name of Individual (Last, First, Middle Ir Gonick, Denise, , ,	nitial) or Full C	rganization Name		Date of	f Re	eceipt				
	Mailing Address 332 Torquay Blvd.				D 27	D / Y	ү 2	.018 018	Y		
	City Albany	State NY	Zip Code 12203				-	-		-	
	FEC ID number of contributing federal political committee.	С					-y		_	80.0	0
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	Receipt For: 2018	Aggregate	Year-to-Date ▼ 720.00								
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	Mailing Address 332 Torquay Blvd.		05 / 11 / 2018								
	City Albany	State NY	Zip Code 12203		Transaction ID : SA11AL44758 Amount of Each Receipt this Period						
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	Mailing Address 332 Torquay Blvd.				<sup>M</sup> 05	/	D 29				Y
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	FEC ID number of contributing federal political committee.	С			_:		y .	9	_	80.0	0
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 18 OF

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	y information copied from such Reports and Si for commercial purposes, other than using the															
$\backslash$	NAME OF COMMITTEE (In Full)															
	MVP Health Care Inc. Federal F															
Α.	Full Name of Individual (Last, First, Middle Init Hogan, Rosemarie, , ,	ial) or Full O	rganization Name			Date of	f Re	ceipt								
	Mailing Address 45 Crestwood Drive					м м 04	/	D D 13	/ Y	y 2018		Ý				
	City	State	Zip Code			Transaction ID : SA11AI.44780										
	Schenectady	NY	12866		_	Amount	t of	Each Re	eceipt th	is Per	iod					
	FEC ID number of contributing federal political committee.	С									30.0	0				
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)			M	emo	Item								
	Receipt For: 2018	Aggregate	Year-to-Date <b>V</b>		-											
	<b>x</b> Primary General	, iggi oguto		-												
	Other (specify) V		240.00													
в.	Full Name of Individual (Last, First, Middle Init Hogan, Rosemarie, , ,	ial) or Full O	rganization Name			Date of	f Re	ceipt								
	Mailing Address 45 Crestwood Drive						04 27 Y Y Y Y 04 27 2018									
	City	State	Zip Code		Transaction ID : SA11AI.44781											
	Schenectady	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	Occ VP	Memo Item													
	Receipt For: 2018	Aggregate	Year-to-Date ▼													
	<b>x</b> Primary General															
	Other (specify)		270.00													
с.	Full Name of Individual (Last, First, Middle Init Hogan, Rosemarie, , ,	ial) or Full O	rganization Name			Date of	f Re	ceipt								
	Mailing Address 45 Crestwood Drive					<sup>M</sup> 05	/	D D 11	/ Y	2018		Ŷ				
	City	State	Zip Code			Trans	sacti	ion ID : S	SA11AI.	44782						
	Schenectady	NY	12866			Amount	t of	Each Re	eceipt th	is Per	iod					
	FEC ID number of contributing federal political committee.	С									30.0	0				
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)		1	M	emo	Item								
	Receipt For: 2018		Versite Dete		-											
	<b>x</b> Primary General	Aggregate	Year-to-Date	_												
	Other (specify)		300.00													
s	UBTOTAL of Receipts This Page (optional)							9	. ,	ç	90.0	)				

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 19 OF

31

			Detailed Summary Page		<b>4</b> 11a		11b	11c	12							
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	y information copied from such Reports and S for commercial purposes, other than using the															
$\backslash$	NAME OF COMMITTEE (In Full)	_														
	MVP Health Care Inc. Federal F															
Α.	Full Name of Individual (Last, First, Middle Init Hogan, Rosemarie, , ,	ial) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 45 Crestwood Drive				05	/	29	/ Y	y y 2018	Y						
	City	State	Zip Code		Trans	sact	ion ID : S	SA11AI.	44783							
	Schenectady	NY	12866		Amoun	t of	Each Re	eceipt th	is Perio	d						
	FEC ID number of contributing federal political committee.	С					-		30	).00						
	Name of Employer (for Individual) MVP Health Care	Occu VP	upation (for Individual)	Memo Item												
	Receipt For: 2018	Aggregate	Year-to-Date ▼		$\neg$											
	X Primary General	, iggi oguto		- 1												
	Other (specify)	L	330.00	4												
в.	Full Name of Individual (Last, First, Middle Init Husted, Kevin, , ,	ial) or Full O	rganization Name		Date o	f Re	eceipt									
	Mailing Address 38 Fox Hill Drive						04 / D D / Y Y Y Y 04 13 2018									
	City	State	Zip Code		Transaction ID : SA11AI.44788											
	Fairport	NY	14450		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 Dire		Memo Item												
	Receipt For: 2018	Aggregate														
	<b>x</b> Primary General	33 - 3		- L -												
	Other (specify) <b>v</b>	L	240.00	4												
с.	Full Name of Individual (Last, First, Middle Init Husted, Kevin, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt									
	Mailing Address 38 Fox Hill Drive				04	/	D D 27	/ Y	2018 <sup>°</sup>	Y						
	City	State	Zip Code		Trans	sact	ion ID:	SA11AI.	44789							
	Fairport	NY	14450		Amoun	t of	Each Re	eceipt th	is Perio	d						
	FEC ID number of contributing federal political committee.	С		30.0						0.00						
	Name of Employer (for Individual)	Оссі	upation (for Individual)		M	emo	b Item									
	MVP Health Care	Dire	ctor													
	Receipt For: 2018	Aggregate	Year-to-Date 🔻													
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 20 OF

31

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
or for commercial purposes, other than			person for the purpose of soliciting contributions tee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	deral PAC									
Full Name of Individual (Last, First, A. Husted, Kevin, , ,	Middle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 38 Fox Hill Drive			05 11 / Y Y Y Y							
City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.44790 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) MVP Health Care		upation (for Individual) actor	Memo Item							
Receipt For: 2018	Aggregate	Year-to-Date ▼ 300.00								
Full Name of Individual (Last, First, I B. Husted, Kevin, , ,	Middle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 38 Fox Hill Drive			05 29 2018							
City	State NY	Zip Code	Transaction ID : SA11AI.44791							
Fairport		14450	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector	Memo Item							
Receipt For: 2018	Aggregate	Year-to-Date ▼ , 330.00								
Full Name of Individual (Last, First, I C. Levin, Julie A., , ,	Middle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 3900 Greystone Ave #61-A City	enue	Zip Code								
Riverdale	NY	10463	Transaction ID : SA11AI.44804           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) MVP Health Care	Occ VP	upation (for Individual)	Memo Item							
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00								
SUBTOTAL of Receipts This Page (or	tional)		▶ 90.00							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 21 OF

31

TIEMIZED RECEIPTS		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 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.       Levin, Julie A., , ,         Mailing Address 3900 Greystone Avenue         #61-A         City         Riverdale         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         X         Primary         General         Other (specify) ▼	State NY C Occ VP	Zip Code 10463 upation (for Individual) Year-to-Date ▼ 270.00	Date of Receipt
Full Name of Individual (Last, First, Middle         B.       Levin, Julie A., , ,         Mailing Address 3900 Greystone Avenue         #61-A         City         Riverdale         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         Y         Other (specify) ▼	State NY C Occ VP	Zip Code         10463         upation (for Individual)         Year-to-Date ▼         300.00	Date of Receipt
Full Name of Individual (Last, First, Middle         C.       Levin, Julie A., , ,         Mailing Address 3900 Greystone Avenue         #61-A         City         Riverdale         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         Image: Primary Content of Content (Specify)	State NY C Occ VP	Drganization Name Zip Code 10463 upation (for Individual) Year-to-Date ▼ 330.00	Date of Receipt 05 29 2018 Transaction ID : SA11AI.44807 Amount of Each Receipt this Period 30.00 Memo Item
SUBTOTAL 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 22 OF

31

			Detailed Summary Page		<b>K</b> 11a		11b	11c	12	
_			, ,		13		14	15	16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\setminus$	NAME OF COMMITTEE (In Full)									
	MVP Health Care Inc. Federal P	AC								
Α.	Full Name of Individual (Last, First, Middle Initi Mackinnon, Matthew, J., Mr.,	al) or Full Or	ganization Name		Date o	f Re	eceipt			
	Mailing Address 1523 East Avenue				05	/	D D 29	/ Y	ү ү 2018	Y
	City	State	Zip Code		Trans	sact	ion ID : S	SA11AI.	44819	
	Rochester	NY	14610		Amoun	t of	Each Re	eceipt th	is Period	l
	FEC ID number of contributing federal political committee.	C					-	-7	20	.00
	Name of Employer (for Individual) MVP Health Care	Occu VP	pation (for Individual)		М	emo	ttem			
	Receipt For: 2018		Year-to-Date 🔻							
	× Primary General	, iggi ogulo		11						
	Other (specify) ▼		220.00							
в.	Full Name of Individual (Last, First, Middle Initi Malko, Elizabeth, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt			
	Mailing Address 36 Quarry Road				04	/	13	/ Y	2018	Ŷ
	City	State	Zip Code		Trans	acti	ion ID · §	SA11AL4	44820	
	Chester	VT	05143						is Period	
	FEC ID number of contributing federal political committee.	C					-y 1	-	40	.00
	Name of Employer (for Individual) MVP Health Care	Occu EVP	pation (for Individual)		М	emo	tem			
	Receipt For: 2018	Aggregate `	Year-to-Date 🔻							
	<b>x</b> Primary General	33 - 3		11						
	Other (specify)	320.00								
C.	Full Name of Individual (Last, First, Middle Initi Malko, Elizabeth, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt			
	Mailing Address 36 Quarry Road				04		D D 27		y y 2018	Ŷ
	City	State	Zip Code		Trans	sact	ion ID :	SA11AI.	44821	
	Chester	VT	05143		Amoun	t of	Each Re	eceipt th	is Period	I
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	40	.00
	Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP			М	emo	o Item			
	Receipt For: 2018 Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 360.00	]						
s	UBTOTAL of Receipts This Page (optional)			 ▶			,	,	100	00

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

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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PAGE 23 OF

IIE	MIZED RECEIPTS			for each category of the Detailed Summary Page		<b>×</b> 11 13	ł		11b 14		11c 15		2 16	17
	information copied from such Reports and S or commercial purposes, other than using the													
	IAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC												
	ull Name of Individual (Last, First, Middle Init Malko, Elizabeth, , ,	tial) or Full C	Drga	nization Name		Date	e of	Re	ceipt					
N	lailing Address 36 Quarry Road					<sup>™</sup> 0	<sup>™</sup>	/	D 1	D 1	/ Y	201	18	Y
	bity Chester	State VT		Zip Code 05143							A11AI			
	EC ID number of contributing ederal political committee.	С							7				40.0	0
Ν	lame of Employer (for Individual) IVP Health Care	Occ EVF	•	tion (for Individual)			Me	emo	Item	I				
R	teceipt For: 2018	Aggregate	Yea	ar-to-Date ▼ 400.00										
	ull Name of Individual (Last, First, Middle Init Malko, Elizabeth, , ,	tial) or Full C	Drga	nization Name		Date	e of	Re	ceipt					
_	ailing Address 36 Quarry Road					M	<sup>™</sup>	/	D	29	/ Y	201	ү 8	Ŷ
	bity Chester	State VT		Zip Code 05143	_						A11AI. ceipt th			
	EC ID number of contributing ederal political committee.	С				Ē			7		-		40.0	0
	lame of Employer (for Individual) IVP Health Care	Occ EVI		tion (for Individual)			Me	emo	Item	I				
R	eceipt For: 2018 Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 440.00										
	ull Name of Individual (Last, First, Middle Init Martin, Augusta, , ,	tial) or Full C	Drga	nization Name		Date	e of	Re	ceipt					
N	lailing Address 113 Kaydeross Park Road						<sup>™</sup>	/		13	/ Y	y 201	8 8	Y
	<sup>bity</sup> Saratoga Springs	State NY		Zip Code 12866							A11AI			
	EC ID number of contributing ederal political committee.	С				Ē			,				30.0	0
Ν	lame of Employer (for Individual) IVP Health Care	Occ VP	upa	tion (for Individual)			Me	emo	Item	1				
R	Receipt For:       2018         Y       Primary       General         Other (specify)       Other (specify)	Aggregate	Yea	ar-to-Date ▼ 240.00										
SU	BTOTAL of Receipts This Page (optional)			•••••	I				y		y	1	10.0	0
то	TAL This Period (last page this line number	only)		••••••	-				,		-9-		-	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 24 OF

31

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name of Individual (Last, First, Middl Martin, Augusta, , , Mailing Address 113 Kaydeross Park Roa	-	ganization Name	Date of Receipt
			04 27 2018
City	State NY	Zip Code	Transaction ID : SA11AI.44825
Saratoga Springs		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	Occu VP	pation (for Individual)	Memo Item
Receipt For: 2018	Aggregate	Year-to-Date ▼ 270.00	]
Full Name of Individual (Last, First, Middl B. Martin, Augusta, , ,		rganization Name	Date of Receipt
Mailing Address 113 Kaydeross Park Roa			05 / D D / Y Y Y Y 2018
City Serotogo Springo	State NY	Zip Code 12866	Transaction ID : SA11AI.44826
Saratoga Springs FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) MVP Health Care	Occu VP	pation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middl C. Martin, Augusta, , ,	e Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 113 Kaydeross Park Roa	d		M M / D D / Y Y Y Y 05 29 2018
City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.44827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) MVP Health Care	Occu VP	pation (for Individual)	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optiona	l)		90.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 25 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name of Individual (Last, First, Middle I Metheny, Laurie, , , Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing for the second termination of term	Initial) or Full Organization Name           State         Zip Code           NY         14626	Date of Receipt 04 13 2018 Transaction ID : SA11AI.44836 Amount of Each Receipt this Period 50.00
federal political committee.          Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         X         Primary         General         Other (specify) ▼	Occupation (for Individual)         Chief Risk Officer, VP         Aggregate Year-to-Date ▼         400.00	Memo Item
Full Name of Individual (Last, First, Middle I         Mailing Address 21 Joellen Drive         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         Y         Other (specify) ▼	Initial) or Full Organization Name          State       Zip Code         NY       14626         C       Occupation (for Individual)         Chief Risk Officer, VP         Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  Od  Carbon Constraints  Date of Receipt  Date of Receipt
Full Name of Individual (Last, First, Middle I         Metheny, Laurie, , ,         Mailing Address 21 Joellen Drive         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         Y         Primary         General         Other (specify)	Initial) or Full Organization Name          State       Zip Code         NY       14626         C       Occupation (for Individual)         Chief Risk Officer, VP       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt 05 / 11 / 2018 Transaction ID : SA11AI.44838 Amount of Each Receipt this Period 50.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X)	
ITEMIZED RECEIPTS	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 26 OF

31

11	EMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a	F	11b 14	11c	12	17
	ny information copied from such Reports and Sta for commercial purposes, other than using the								of solicitin		utions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC									
Α.	Full Name of Individual (Last, First, Middle Initi Metheny, Laurie, , , Mailing Address 21 Joellen Drive	al) or Full O	)rga	anization Name		Date M⊓05	M	Receipt	9	2018	Y
	City	State NY		Zip Code					: SA11A		
	Rochester           FEC ID number of contributing federal political committee.	C		14626	_	Amou	nt c	f Each	Receipt t	his Perioo 50	d .00
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018	Chie	ef F	ation (for Individual) Risk Officer, VP	_	L I	Men	no Item			
	✔   Primary   General     Other (specify)   ▼		re	ar-to-Date ▼ 550.00							
в.	Full Name of Individual (Last, First, Middle Initi Montepare, Carole, , , Mailing Address 100 McLain Court	al) or Full O	)rga	anization Name		Date	of F	Receipt	ר / ם	- Y - Y	Y
	City	State		Zip Code		04		1	3	2018	_
	City Williamstown	MA		01267	-				: SA11A	.44844 his Period	ł
	FEC ID number of contributing federal political committee.	С						-			.00
	Name of Employer (for Individual) MVP Health Care	Occ VP	upa	ation (for Individual)			Vlen	no Item			
	Receipt For: 2018 Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 240.00							
с.	Full Name of Individual (Last, First, Middle Initi Montepare, Carole, , ,	al) or Full O	rga	anization Name		Date	of F	Receipt			
	Mailing Address 100 McLain Court					<sup>M</sup> 04		/ D		2018	Y
	City Williamstown	State MA		Zip Code 01267					: SA11A Receipt t	I.44845 his Period	d
	FEC ID number of contributing federal political committee.	С						y		30	.00
	Name of Employer (for Individual) MVP Health Care	Occi VP	upa	ation (for Individual)			Men	no Item			
	Receipt For: 2018 Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 270.00							
s	UBTOTAL of Receipts This Page (optional)			······				9	. ,	110	.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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PAGE 27 OF

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17
	d Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name of Individual (Last, First, Middle A. Montepare, Carole, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 McLain Court		05 / D D / Y Y Y Y 2018
City Williamstown	State Zip Code MA 01267	Transaction ID : SA11AI.44846
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item
Receipt For: 2018	Aggregate Year-to-Date ▼ 300.00	]
Full Name of Individual (Last, First, Middle B. Montepare, Carole, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 100 McLain Court		05 29 2018
City	State Zip Code	Transaction ID : SA11AI.44847
Williamstown	MA 01267	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	Memo Item
Receipt For: 2018 Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	]
Full Name of Individual (Last, First, Middle C. Montgomery, Susan, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 12 Feeney Road		05 / 29 / Y Y Y Y
City	State Zip Code NY 10562	Transaction ID : SA11AI.44851
Ossining	NY 10562	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	Occupation (for Individual) VP	Memo Item
Receipt For: 2018 Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	]
	)) ber only)	80.00

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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PAGE 28 OF

31

				or each category of the Detailed Summary Page	×	11a 13	1		11b 14		1c 5	12 16		17
	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	PAC												
Α.	Full Name of Individual (Last, First, Middle Initi         Poole III, James, , ,         Mailing Address 96 Spar Road         City         Willington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         ✔         Primary       General         Other (specify) ▼	CT CC Occu VP,	upa	Zip Code 06279 tion (for Individual) ef Security Officer ar-to-Date ▼ 220.00		M 0: Tra	5 I <b>ns</b> a	/ acti of	ion ID Each	: SA1		is Perio		]
В.	Full Name of Individual (Last, First, Middle Initi Santiago, Mark, , , Mailing Address 23 Lees Way City	ial) or Full O	Irga	Zip Code		<sup>™</sup> 0:	м 5	/	eceipt 29			2018	Y	
	Hopewell Junction         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018	VP		12533 tion (for Individual) ar-to-Date ▼ 220.00			unt	of				is Perio	od 0.00	)
C.	Full Name of Individual (Last, First, Middle Initi         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify)	State C Occu	upat	Zip Code tion (for Individual)		M	unt	/ of	L.	P /	ipt thi	is Perio		]
s	UBTOTAL of Receipts This Page (optional)			······	_				y		9	4	0.00	

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

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2740.00

S	CHEDULE B (FEC Form 3X)			F	ORI		NUMB	ER				P	AGE	29 (	DF 31
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	edule(s) (check on of the		only	lly one)								
		Detailed Summary Page		21b 28a		2 3b		23 28c	-	26	$\vdash$	27 30b			
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$\backslash$	NAME OF COMMITTEE (In Full)	•													
	MVP Health Care Inc. Federal PA	C													
Α.	Full Name (Last, First, Middle Initial)						Date	e of I	Dist	ourse	eme	ent			
	Mailing Address PO BOX 386					_		м )6	/	D Q		1		018	Y
	City	State NY	Zip Code				FEC	lde	ntifio	catior	n N	Numbe	ər		
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	State: NY District: 27	Other (spec	cify) ▼					Merr	no li	tem					
	Full Name (Last, First, Middle Initial)														
В.	ELISE FOR CONGRESS						Date	e of I	Dist	ourse	eme	ent			
	Mailing Address PO BOX 338							м 06	/	D 0	D )1	/		2018	Y
	-	State	Zip Code				FEC	; Idei	ntifio	catior	n N	Numbe	ər		
	WILLSBORO Purpose of Disbursement	NY	12996			_	C	~	0.05	4700	02	-		-	
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	Senate	1	General					_	-7		_	-		1000.0	
	State: NY District: 21	Other (spec	cify)					Merr	no li	tem					
_	Full Name (Last, First, Middle Initial)						Date	a of	Dieł	ourse		ant			
С.	MORELLE, JOSEPH D, , ,							M	/	D			Y Y	/ Y	Y
	Mailing Address P.O. BOX 90914							)6	,	0				018	
	City ROCHESTER	State NY	Zip Code 14609				FEC	lde	ntifio	catior	n N	Numbe	ər		
	Purpose of Disbursement				-		С	F	18N	Y251	105	;			
	For event on June 6, 2018 Candidate Name			(	011	4						): SB			
	MORELLE, JOSEPH D, , ,				egory vpe	/	Amo	bunt	of E	ach	Dis	sburs	emen	it this I	Period
		ment For: 2	2018											2000.0	00
	Senate x	Primary	General				_								
	State: NY District: 25	Other (spec	city) 🔻				Ш	Mem	no li	tem					
[							Γ	-		-				4000.	00
F	<b>UBTOTAL</b> of Disbursements This Page (optional).						F	=	-						
T	<b>OTAL</b> This Period (last page this line number only	/)													

SCHEDULE B (FEC Form 3X)	Use sep	parate schedule(s)	FOR LINE I (check only	
		a category of the I Summary Page	21b 28a	22 <b>X</b> 23         26         27           28b         28c         29         30b
Any information copied from such Reports and or for commercial purposes, other than using t				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC			
Full Name (Last, First, Middle Initial) A. MORELLE, JOSEPH D, , ,				Date of Disbursement
Mailing Address P.O. BOX 90914				06 / D D / Y Y Y Y 06 01 2018
City ROCHESTER	State NY	Zip Code 14609		FEC Identification Number
Purpose of Disbursement			011	C H8NY25105 Transaction ID : SB23.44950
Candidate Name MORELLE, JOSEPH D, , , Office Sought: x House Di	sbursement For:	2018	Category/ Type	Amount of Each Disbursement this Period 1000.00
Senate President	Primary Other (spe	General		Memo Item
State: NY District: 25 Full Name (Last, First, Middle Initial)				
B. TOM REED FOR CONGRES	5			Date of Disbursement
City ROCHESTER	State	Zip Code 14610		FEC Identification Number
Purpose of Disbursement		14010	011	C C00464032 Transaction ID : SB23.44952
Candidate Name TOM REED FOR CONGRES			Category/ Type	Amount of Each Disbursement this Period
Office Sought: K House Di Senate President State: NY District: 29	sbursement For: Primary Other (spe	General		1500.00 Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement Candidate Name			Category/	Amount of Each Disbursement this Period
• L	sbursement For:		Туре	
State: District:	Other (spe	ecify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (opt	ional)			2500.00
TOTAL This Period (last page this line number	-		r	6500.00

SCHEDULE D (FEC Form 3X)				PAGE 31 OF 31
			(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			for each	(check only one)
Excluding Loans			numbered line)	<b>X</b> 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debt	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	ng Balance at Close of This Period
0.00		0.	00	145.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor			ebt (Purpose):
Media Well Done			Advertising	
Mailing Addroso				
Mailing Address 96 Jay Street				
City Schenectady	State	Zip Code 12305		
	NY	12303		
	I			
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10.4165
			Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period	Pay	ment This Period		ion ID : SD10.4165
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period	Pa		Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00	Pay			
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt			Outstandir	ng Balance at Close of This Period
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address	or or Creditor	0.	Outstandir	ng Balance at Close of This Period
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Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor	0. Zip Code	Outstandir	ag Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	or or Creditor	0. Zip Code /ment This Period	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period	or or Creditor	0. Zip Code /ment This Period	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose): ng Balance at Close of This Period 483.00
Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period	or or Creditor	0. Zip Code	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose):
Outstanding Balance Beginning This Period Amount Incurred This Period 0.00 C. Full Name (Last, First, Middle Initial) of Debt Mailing Address City Outstanding Balance Beginning This Period Amount Incurred This Period 1 SUBTOTALS This Period This Page (optional)	or or Creditor          State         Pay         r only)	Zip Code	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose): ng Balance at Close of This Period 483.00