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FEC FORM 3X

07/11/2019 17 : 52

PAGE 1 / 45

# **REPORT OF RECEIPTS** AND DISBURSEMENTS For Other Than An Authorized Committee

						Office Us	e Only	
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Exampl over the	e: If typing, e lines.	type	12FE4	·M5		
MVP Health Care Inc. Fe	ederal PAC							
ADDRESS (number and street)	625 State Street							
Check if different than previously reported. (ACC)	Schenectady				NY	12305		
2. FEC IDENTIFICATION NUM	BER ▼	CITY ▲		S	STATE 🔺		ZIP CODI	∃ ▲
C C00431429		3. IS THIS REPORT	NEV (N)	/ OR	×	AMENDED (A)		
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May	20 (M5)	A	ug 20 (M8)	(	Nov 20 (M11) Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun	20 (M6)	s	Sep 20 (M9)	()	Dec 20 (M12) Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 2	20 (M7)	C	Oct 20 (M10)		an 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	on	nary (12P)			ral (12G)	L F	unoff (12R)
October 15 Quarterly Report (Q3)	Report for	the: Cor	vention (12C	)	Speci	al (12S)		
January 31 Year-End Report (YE)		Election on	M M / D	D /	Y Y Y	Ŷ	in the State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elec Report for		neral (30G)		Runo	ff (30R)	s	pecial (30S)
Termination Report (TER)			11 / D	D6	2018	Y	in the State of	
5. Covering Period 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
I certify that I have examined this I Type or Print Name of Treasurer	Report and to the b Estey, Jordan, T, ,	est of my knowled	lge and belie	ef it is true	e, correct	and complet	e.	
Signature of Treasurer	rdan, T, ,	[Ele	ectronically Fil	ed] Da	ate 0	7 / D 11	D / Y	2019
NOTE: Submission of false, erroneou	s, or incomplete info	rmation may subjec	t the person	signing thi	s Report t	o the penaltie	es of 52 U	.S.C. § 30109
Office Use Only							FORN ev. 05/201	

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
۷	Vrite or Type Committee Name		
	MVP Health Care Inc. Federal PA	С	
F	Report Covering the Period: From:	10 / D D / Y Y Y Y 10 18 70:	M M / D D / Y Y Y Y 11 26 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	55976.34	
	(c) Total Receipts (from Line 19)	3190.00	25723.00
	<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>	59166.34	89666.34
7.	Total Disbursements (from Line 31)	1000.00	31500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58166.34	58166.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

# DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

# MVP Health Care Inc. Federal PAC

Report Covering the Period:         From:         10         18         Y						
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	2680.00	14400.00				
(i) Itemized (use Schedule A)	47 47 47 47	14400.00				
(ii) Unitemized	510.00	11323.00				
(iii) TOTAL (add						
Lines 11(a)(i) and (ii)	3190.00	25723.00				
(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		05700.00				
Totals to Line 33, page 5)	3190.00	25723.00				
2. Transfers From Affiliated/Other						
Party Committees	0.00	0.00				
	0.00	0.00				
3. All Loans Received						
	0.00	0.00				
L Loan Repayments Received	0.00					
6. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)	0.00	0.00				
(Carry Totals to Line 37, page 5)						
to Federal Candidates and Other						
Political Committees	0.00	0.00				
7. Other Federal Receipts						
(Dividends, Interest, etc.)	0.00	0.00				
8. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account						
(from Schedule H3)	0.00	0.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00				
7. Total Receipts (add Lines 11(d),	2400.00	25722.00				
12, 13, 14, 15, 16, 17, and 18(c))▶	3190.00	25723.00				

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ 3190.00

1			 		1
25723.00					
484	A	- 7	 	- 7	

Page 3

## 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 31500.00 and Other Political Committees... 1000.00 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)).. 1000.00 31500.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 1000.00 31500.00

## DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FFC	Form	3X	(Rev	05/2016	)
1 20	1 01111	57	(110 .	05/2010	,

## 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) .....

					3190.00
		7		-7	
					0.00
		-7	1	-	0.00
					3190.00
la de la companya de	1	-	1	- 7	3130.00
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		7		7	0.00
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1.00		-7		 -7	0.00
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Г						25723.00
-			-7	-	7	23723.00
Г						0.00
_			-7	1	-7	
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Г				1		0.00
-	1		7	1	7	
Г				1		0.00
-	1		-7		-7	484
Г						0.00

COLUMN B

Calendar Year-to-Date

#### Page 5

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

45

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         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 P	PAC								
Α.	Full Name of Individual (Last, First, Middle Init Austen, Karla, , , Mailing Address 25 Carriage House Lane	ial) or Full O	rganization Name	Date of Receipt						
	City	State	Zip Code	Transaction ID : SA11AI.45888						
	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)	Occi	upation (for Individual)	Memo Item						
	MVP Health Care	EVF	P, Chief Financial Officer	_						
	Receipt For: 2018	Aggregate	Year-to-Date ▼							
	Primary X General									
	Other (specify)	L	1320.00							
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name							
В.	Austen, Karla, , ,			Date of Receipt						
	Mailing Address 25 Carriage House Lane	01-1-	7. 0.1	11 09 / Y Y Y Y 11 09						
	City	State NY	Zip Code	Transaction ID : SA11AI.45889						
	Saratoga Springs		12866	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: 2018	Aggregate	Year-to-Date ▼							
	Primary 🗶 General									
	Other (specify) ▼	L	1380.00							
C.	Full Name of Individual (Last, First, Middle Init Austen, Karla, , ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 25 Carriage House Lane	1-	I	11 / D D / Y Y Y Y 2018						
	City	State	Zip Code	Transaction ID : SA11AI.45890						
	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)	Occi	upation (for Individual)	Memo Item						
	MVP Health Care		, Chief Financial Officer							
	Receipt For: 2018	Aggregate	Year-to-Date V							
	Primary X General Other (specify)		1440.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	180.00						

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 LINE NUMBER:

PAGE

7 OF 45

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			for each category of the Detailed Summary Page		¥ 11a 13		11b 14	11c 15		2	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	persor	n for the	pur ntrik	pose of	soliciting	contr	ributio	ons			
$\setminus$	NAME OF COMMITTEE (In Full)													
	MVP Health Care Inc. Federal F	PAC												
<u> </u>	Full Name of Individual (Last, First, Middle Init Cameron, Carl, , ,	ial) or Full O		Date of Receipt										
А.	Mailing Address 70 Barclay Square Drive				M = M / D = D / Y = Y = Y									
	City	State	Zip Code		10 <b>T</b> rong		26	SA44AL	201	-				
	Rochester	NY	14618					SA11AI. eceipt th						
	FEC ID number of contributing federal political committee.	С								30.00	)			
	· · · · · · · · · · · · · · · · · · ·		unation (for Individual)			omo	) Item							
	Name of Employer (for Individual) MVP Health Care	VP	upation (for Individual)		IVI	enic	) item							
	Receipt For: 2018	Aggregate	Year-to-Date ▼											
	Primary X General Other (specify) ▼		660.00	11										
R	Full Name of Individual (Last, First, Middle Init Cameron, Carl, , ,	ial) or Full O	rganization Name		Date o	f Rd	aceint							
Ь.	Mailing Address 70 Barclay Square Drive					/		/ Y	Y	Y				
					11		09		2018	3				
	City Rochester	State NY	Zip Code 14618					SA11AL						
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	federal political committee.	C			<u>_</u>		- J-			30.00	)			
	Name of Employer (for Individual) MVP Health Care	Occi VP	upation (for Individual)		М	emo	) Item							
	Receipt For: 2018	Aggregate												
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				11										
с.	Full Name of Individual (Last, First, Middle Init Cameron, Carl, , ,	ial) or Full O	rganization Name		Date o	f Re	eceipt							
	Mailing Address 70 Barclay Square Drive				M M	/	23	/ Y	2018					
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	Rochester	NY	14618		Amoun	t of	Each R	eceipt th	is Per	riod				
	FEC ID number of contributing federal political committee.	С					7	,		30.00	)			
	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	ttem							
	MVP Health Care	VP												
	Receipt For: 2018	Aggregate	Year-to-Date ▼											
	Other (specify)		720.00	4										
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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 Detailed Summary Page FOR LINE NUMBER:

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PAGE 8 OF

••				Detailed Summary Page	×			11b	11	- H	12				
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	y information copied from such Reports and for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)														
$\rangle$	MVP Health Care Inc. Federal	PAC													
/	Full Name of Individual (Last, First, Middle Ir	aitial) or Full (	)raa	nization Name											
Α.	Clancy, Catherine, , ,		nga		1	Date of	f Re	eceipt							
	Mailing Address 19 Julia Court					M M	/	D		Y	Y Y Y	Y			
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	Mahopac	NY		10541				Each F							
	FEC ID number of contributing federal political committee.	С									40.	00			
	Name of Employer (for Individual)	Occ	una	tion (for Individual)	_	M	emc	b Item							
	MVP Health Care	EVF													
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	Other (specify) <b>v</b>		-	880.00											
	Full Name of Individual (Last, First, Middle In	nitial) or Full C	Drga	nization Name											
Β.	Clancy, Catherine, , ,				_ '	Date of	f Re	eceipt							
	Mailing Address 19 Julia Court		11 09 2018												
	City	State		Zip Code		Trans	acti	ion ID :	SA11	AI.45	905				
	Mahopac	NY		10541	/	Amoun	t of	Each F	Receip	t this	Period				
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	Name of Employer (for Individual) MVP Health Care	Occ		tion (for Individual)		M	emc	o Item							
	Receipt For: 2018	Aggregate	Yea	ar-to-Date 🔻											
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	Full Name of Individual (Last, First, Middle Ir	 hitial) or Full C	)rga	nization Name											
C.	Clancy, Catherine, , ,					Date of	f Re	eceipt							
	Mailing Address 19 Julia Court					<sup>M</sup> 11	/	23			2018	Y			
	City	State		Zip Code		Trans	sact	ion ID :	: SA11	AI.45	906				
	Mahopac	NY		10541	/	Amoun	t of	Each F	Receip	t this	Period				
	FEC ID number of contributing federal political committee.	С						,			40.	00			
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)		М	emo	b Item							
	MVP Health Care	EVF	>												
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	Primary X General			960.00											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the 

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>K</b> 1'	1a 3		-	1b 4		1c 5		12 16	17
	ny information copied from such Reports and S for commercial purposes, other than using the				for	the		rpo	se of	f soli	citing		ntribu	tions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC												
Α.	Full Name of Individual (Last, First, Middle Ini Colin, Wendy, , ,	tial) or Full O	rganization Name		Dat	e o	of Re	ece	eipt					
	Mailing Address 985 Victor Road				10 26 2018 Transaction ID : SA11AI.45910									
	City	State	Zip Code		Т	ans	sact	tio	n ID :	SA1	1AI.	459 <sup>-</sup>	10	
	Macedon	NY	14502		Am	oun	t of	E	ach F	Recei	pt th	is P	Period	
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	Name of Employer (for Individual)	Occi	upation (for Individual)		П	N	lemo	o l	tem					
	MVP Health Care	Dire	ctor											
	Receipt For: 2018	Aggregate	Year-to-Date ▼											
	Primary X General	, iggi oguto		11.										
	Other (specify) <b>v</b>		220.00											
в.	Full Name of Individual (Last, First, Middle Ini Colin, Wendy, , ,	tial) or Full O	rganization Name		Dat	e o	of Re	ece	eipt					
	Mailing Address 985 Victor Road				M	11 <sup>™</sup>	/	′	09		Y		) 18	Y
	City	State	Zip Code		Tr	ans	sact	tio	n ID :	SA1	1AL	459 <sup>-</sup>	11	
	Macedon	NY	14502							-			Period	
	FEC ID number of contributing federal political committee.	С						-,			<u> </u>	_	10.	00
	Name of Employer (for Individual) MVP Health Care	Occ		Memo Item										
	Receipt For: 2018	Aggregate	Year-to-Date ▼											
	Primary 🗶 General			11.										
	Other (specify)													
C.	Full Name of Individual (Last, First, Middle Ini Colin, Wendy, , ,	tial) or Full O	rganization Name		Dat	e o	of Re	ece	eipt					
	Mailing Address 985 Victor Road					11 <sup>™</sup>	/	′	23		Y		)18 )	Y
	City	State	Zip Code		T	an	sact	tio	n ID :	: SA1	1AI.	459	12	
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	Name of Employer (for Individual) MVP Health Care	Occi Dire	upation (for Individual) ctor			N	lem	οI	tem					
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	Primary X General Other (specify)		240.00											
s	UBTOTAL of Receipts This Page (optional)			 ►				,	-		5	-	30.0	00

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

	age# 201307113130300310										
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(ch	R LINE			: P	AGE	10 OF	45
••			Detailed Summary Page				11b	11	- H	12	
					13		14	15		16	17
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC									
A.	Full Name of Individual (Last, First, Middle Ini Deferio, Patricia, , ,	tial) or Full (	Drganization Name		Date of	f Rec	ceipt				
	Mailing Address 106 Birch Street				м м 10	/	26		Y	y y 2018	Y
	City	State	Zip Code		Trans	actio	on ID	: SA11	AI.45	<b>i916</b>	
	Liverpool	NY	13088		Amoun	t of E	Each I	Receip	t this	Period	
	FEC ID number of contributing federal political committee.	С					,		,	40.0	0
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)		М	emo	ltem				
	Receipt For: 2018	Aggregate	Year-to-Date V								
	Primary X General		200.00	11.							
	Other (specify) <b>v</b>	L	880.00								
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full (	Drganization Name		_						
В.	Deferio, Patricia, , ,			_	Date of	f Rec	ceipt				
	Mailing Address 106 Birch Street				<sup>M</sup> M	/	09			y y 2018	Y
	City	State	Zip Code		_		-				
	Liverpool	NY	13088		Amoun			: SA11 Receip		-	
	FEC ID number of contributing							locolp		1 onloa	-
	federal political committee.	С			Ŀ		7		,	40.0	0
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupation (for Individual)		М	emo	ltem				
	Receipt For: 2018	Aggregate	Year-to-Date V								
	Primary K General		920.00	11							
	Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,								
C.	Full Name of Individual (Last, First, Middle Ini Deferio, Patricia, , ,	tial) or Full (	Drganization Name		Date of	f Rec	ceipt				
	Mailing Address 106 Birch Street				M M 11	/	23			y y 2018	Y
	City	State	Zip Code		Trans	sactio	on ID	: SA11	IAI.45	5918	
	Liverpool	NY	13088		Amoun	t of E	Each I	Receip	t this	Period	
	FEC ID number of contributing federal political committee.	С					,		,	40.0	0
	Name of Employer (for Individual) MVP Health Care	Occ	cupation (for Individual)		М	emo	ltem				
	Receipt For: 2018		Voor to Data	_							
	Primary X General	Aggregate	Year-to-Date ▼								
	Other (specify)		960.00								

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SCHEDULE A (FEC Form 3 TEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         11         OF           (check only one)         Image: Check only one)
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	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, Midd <b>A.</b> Del Vecchio, Christopher, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2854 W. Old State Road			M         M         /         D         D         /         Y
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.45919 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) of Operating Officer	Memo Item
Receipt For: 2018 Primary	Aggregate	Year-to-Date ▼ 1320.00	]
Full Name of Individual (Last, First, Midd 3. Del Vecchio, Christopher, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2854 W. Old State Road			M         M         /         D         D         /         Y
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.45920 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) ef Operating Officer	Memo Item
Receipt For: 2018 Primary x General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1380.00	]
Full Name of Individual (Last, First, Midd C. Del Vecchio, Christopher, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2854 W. Old State Road			11 / D D / Y Y Y Y 2018
City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.45921 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item

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1440.00

Chief Operating Officer

Aggregate Year-to-Date ▼

MVP Health Care Receipt For: 2018

Primary

Other (specify)

X General

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Α.	Full Name of Individual (Last, First, Middle Ini DeSorbo, Todd, , ,	tial) or Full C	Orgar	nization Name		Date o	f Re	ceipt				
	Mailing Address 420 Fort Hunter Road					<sup>M</sup> 10		26			y 2018	Y
	City Amsterdam	State NY		Zip Code 12010				i <b>on ID :</b> Each R				
	FEC ID number of contributing federal political committee.	С				<u> </u>					10.0	0
	Name of Employer (for Individual) MVP Health Care		cupat ector	ion (for Individual)		М	emo	Item				
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 220.00	]							
В.	Full Name of Individual (Last, First, Middle Ini DeSorbo, Todd, , , Mailing Address 420 Fort Hunter Road City Amsterdam	State	Jrgar	Zip Code 12010			/	on ID :	SA11A	2 1.45		Ŷ
	FEC ID number of contributing federal political committee.	С									10.0	0
	Name of Employer (for Individual) MVP Health Care		cupat ector	tion (for Individual)		M	emo	ltem				
	Receipt For: 2018 Primary x General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 230.00	]							
C.	Full Name of Individual (Last, First, Middle Ini DeSorbo, Todd, , ,	itial) or Full C	Orgar	nization Name		Date o	f Re	ceipt				
	Mailing Address 420 Fort Hunter Road	Ototo		7: 0.4		11		23	JL	2	2018	Y
	City Amsterdam	State NY		Zip Code 12010				ion ID : Each R				
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	Receipt For: 2018 Primary X General Other (specify)	Aggregate	Yea	r-to-Date ▼ 240.00	]							

SCHEDULE A	(FEC Form 3X)	
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$\backslash$	NAME OF COMMITTEE (In Full)													
	MVP Health Care Inc. Federal P	AC												
Α.	Full Name of Individual (Last, First, Middle Initi Endres, Bill, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt							
	Mailing Address 336 Farm to Market Road			10 26 2018 Transaction ID : SA11AI.45934										
	City	State	Zip Code		Trans	sact	ion ID : S	SA11AI.	45934					
	Mechanicville	NY	12218		Amoun	t of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C		10.00										
	Name of Employer (for Individual) MVP Health Care	Occu Direc	pation (for Individual) ctor		М	emo	ttem							
	Receipt For: 2018	Angregate '	Year-to-Date ▼											
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_	Full Name of Individual (Last, First, Middle Initi	al) or Full Or	ganization Name		Data	( D.								
в.	Endres, Bill, , ,			_	Date o	t Re	eceipt							
	Mailing Address 336 Farm to Market Road	04-44	Zin Onda		11 <sup>M</sup>	/	D D 09	/ Y	2018	Y				
	City	State NY	Zip Code 12218	-				SA11AI.4						
	Mechanicville		12218	_	Amoun	t of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C		10.00										
	Name of Employer (for Individual) MVP Health Care	Occu Dire		М	emo	tem								
	Receipt For: 2018	Aggregate '												
	Primary <b>x</b> General			11.										
	Other (specify)		, 230.00											
c.	Full Name of Individual (Last, First, Middle Initi Endres, Bill, , ,	al) or Full Or	ganization Name		Date o	f Re	eceipt							
	Mailing Address 336 Farm to Market Road				M 11	/	D D 23	/ Y	2018 Y	Y				
	City	State	Zip Code		Trans	sact	ion ID:	SA11AI.	45936					
	Mechanicville	NY	12218		Amoun	t of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C			<u> </u>		, .	, <u>,</u>	10.	00				
	Name of Employer (for Individual) MVP Health Care	Occu Direc	pation (for Individual) tor		M	emo	o Item							
	Receipt For: 2018 Primary X General	Aggregate	Year-to-Date 🔻											
	Other (specify)		240.00											
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
MVP Health Care Inc. Federa			
Full Name of Individual (Last, First, Middle Estey, Jordan, T, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 37 Campus Club Drive			10 26 2018
City	State NY	Zip Code	Transaction ID : SA11AI.45937
Guilderland	INT	12084	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item
Receipt For: 2018 Primary ★ General Other (specify) ▼	I	Year-to-Date ▼ 1010.00	]
Full Name of Individual (Last, First, Middle <b>3. Estey, Jordan, T</b> , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 37 Campus Club Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.45938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) MVP Health Care		upation (for Individual) nager	Memo Item
Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1060.00	]
Full Name of Individual (Last, First, Middle C. Estey, Jordan, T, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 37 Campus Club Drive			11 23 2018
City Guilderland	State NY	Zip Code 12084	Transaction ID : SA11AI.45939 Amount of Each Receipt this Period

Name of Employer (for Individual)

X General

MVP Health Care

Receipt For: 2018

Primary

1110.00

Occupation (for Individual)

Manager

Aggregate Year-to-Date V

Memo Item

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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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	MMITTEE (In Full) Ith Care Inc. Federal	PAC											
A. Flor, lan, , ,	ndividual (Last, First, Middle I s 144 Watch Hill Road	nitial) or Full O	Zip Code	Date of Red	ceipt 26 on ID : SA11AI.	2018 45946							
Cortlandt Man	or	NY	10567		Each Receipt th								
FEC ID numbe federal political	er of contributing committee.	С				30.00							
Name of Emple	oyer (for Individual)	Occi	pation (for Individual)	Memo	Item								
MVP Health Ca		VP											
Receipt For: 2 Primary Other (sp	X General	Aggregate	Year-to-Date ▼ 660.00										
	ndividual (Last, First, Middle I	nitial) or Full O	rganization Name										
B. Flor, lan, ,				Date of Red	ceipt								
	<sup>s</sup> 144 Watch Hill Road	01-1-	70.004	11 /									
City		State NY	Zip Code		on ID : SA11AI.								
Cortlandt Mano	Dr		10567	Amount of I	Each Receipt th	is Period							
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MVP Health Ca		Occi VP	upation (for Individual)	Memo	Item								
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Full Name of I	ndividual (Last, First, Middle I	nitial) or Full O	rganization Name	Date of Red	ceipt								
	<sup>s</sup> 144 Watch Hill Road			M M /	23 / Y	2018							
City Cortlandt Man	or	State NY	Zip Code 10567		on ID : SA11AI.								
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PAGE 16 OF

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	MVP Health Care Inc. Federal I	PAC														
Α.	Full Name of Individual (Last, First, Middle Ini Foster, Christopher, , ,	ization Name	Date of Receipt													
	Mailing Address 7 Hickory Lane					10 26 Y Y Y Y Y 10 26 2018										
	City Averill Park	State NY		Zip Code 12018	Transaction ID : SA11AI.45952											
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	FEC ID number of contributing federal political committee.	C	_			ļ			-			10.0	00			
	Name of Employer (for Individual) MVP Health Care		cupati ector	on (for Individual)		ļ	Me	emc	Item							
	Receipt For: 2018	Aggregate	e Yea	r-to-Date ▼	-											
	Other (specify) ▼		-7-	220.00	]											
в.	Full Name of Individual (Last, First, Middle Ini Gauci, Michael, , ,	itial) or Full C	Organ	ization Name		D	ate of	Re	eceipt							
	Mailing Address 861 Central Parkway					Ľ	10	1	D 26		20	у 018	Y			
	City	State		Zip Code						SA11A						
	Schenectady	NY		12309	_	_ Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	_			Memo Item										
	Name of Employer (for Individual) MVP Health Care		cupat am Le	ion (for Individual) ead												
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C.	Full Name of Individual (Last, First, Middle Ini Gauci, Michael, , ,	itial) or Full C	Organ	ization Name		D	ate of	Re	eceipt							
	Mailing Address 861 Central Parkway					L	<sup>M</sup> 11	/	09		20	018 <sup>Y</sup>	Y			
	City Schenectady	State NY		Zip Code 12309						SA11A						
	FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 10.00 Memo Item							00			
	Name of Employer (for Individual)	Occ	cupati	on (for Individual)												
	MVP Health Care	Team Lead														
	Receipt For: 2018	Aggregate Year-to-Date ▼														
	Other (specify)		-9-	230.00												
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SCHEDULE A	(FEC Form 3X)
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$\setminus$	NAME OF COMMITTEE (In Full)															
	MVP Health Care Inc. Federal PA	AC														
	Full Name of Individual (Last, First, Middle Initial															
Α.	Gauci, Michael, , ,					Date	of	Re	ceipt							
	Mailing Address 861 Central Parkway					11 23 2018 Transaction ID : SA11AI.45955										
	City	State		Zip Code												
	Schenectady	NY		12309	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С														
	Name of Employer (for Individual)			tion (for Individual)			Me	emo	Item							
	MVP Health Care	lea	am l	_ead												
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	Primary     ✗     General       Other (specify) ▼		-	240.00												
_	Full Name of Individual (Last, First, Middle Initial	l) or Full (	Orga	nization Name												
В.	Glavey, Patrick, , ,				_	Date	of	Re	ceipt							
	Mailing Address 3 Park Forest Drive					<sup>™</sup> 1(		/	26		/ Y	2018	Y			
	City	State		Zip Code							<b>A11AI.</b> 4					
	Pittsford	NY		12180	_	Amou	unt	of	Each	Rec	ceipt thi	is Period				
	FEC ID number of contributing federal political committee.	С				40.00						00				
	Name of Employer (for Individual) MVP Health Care	Oce		ation (for Individual)	Memo Item											
	Receipt For: 2018	Aggrogato		ar-to-Date ▼	_											
	Primary General	Ayyreyale	e re													
	Other (specify) V		,	880.00												
с.	Full Name of Individual (Last, First, Middle Initial Glavey, Patrick, , ,	l) or Full (	Orga	nization Name		Date	of	Re	ceipt							
	Mailing Address 3 Park Forest Drive					<sup>™</sup> 11		/	09		/ Y	y y 2018	Y			
	City	State		Zip Code		Tra	nsa	act	ion ID	: S	A11AI.4	45957				
	Pittsford	NY		12180		Amou	unt	of	Each	Rec	eipt th	is Period				
	FEC ID number of contributing federal political committee.	С						2	, .		y	40.	00			
	News of Eventson (1, 1, 1, 1, 1, 1)	For: 2018 Aggregate Year-to-Date ▼						mo	) Item							
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	MVP Health Care															
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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 18 OF 45         (check only one)       11a         11a       11b       11c       12				
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	the name and a		13     14     15     16     17       berson for the purpose of soliciting contributions te to solicit contributions from such committee.				
Full Name of Individual (Last, First, Middle A. Glavey, Patrick, , , Mailing Address 3 Park Forest Drive	Initial) or Full C	Organization Name	Date of Receipt				
City Pittsford	State NY	Zip Code 12180	M M M       /       D D       /       Y Y Y Y         11       23       2018         Transaction ID : SA11AI.45958         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 Receipt For: 2018 Primary ★ General Other (specify) ▼	EVI	P Year-to-Date ▼ 960.00	Memo Item				
Full Name of Individual (Last, First, Middle B. Gonick, Denise, , , Mailing Address 332 Torquay Blvd.	Initial) or Full C	Zip Code	Date of Receipt				
Albany FEC ID number of contributing federal political committee.	NY	12203	Amount of Each Receipt this Period				
Name of Employer (for Individual)         MVP Health Care         Receipt For: 2018         Primary       ✔ General         Other (specify) ▼	CE	cupation (for Individual) O/President Year-to-Date ▼ , 1760.00	Memo Item				
Full Name of Individual (Last, First, Middle C. Gonick, Denise, , , Mailing Address 332 Torquay Blvd.	-		Date of Receipt				
City Albany FEC ID number of contributing federal political committee.	State NY	Zip Code 12203	Transaction ID : SA11AI.45960         Amount of Each Receipt this Period         80.00				
Name of Employer (for Individual) MVP Health Care Receipt For: 2018	CEO	upation (for Individual) D/President Year-to-Date ▼	Memo Item				
Primary X General Other (specify)		1840.00	1				

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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC											
Α.	Full Name of Individual (Last, First, Middle Init Gonick, Denise, , , Mailing Address 332 Torquay Blvd.	)rga	nization Name		Date o	of Re	D	D / Y	2018	Y			
	City Albany	State NY		Zip Code 12203	_	11     23     2018       Transaction ID : SA11AI.45961       Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						-	-	80	.00		
	Name of Employer (for Individual) MVP Health Care Receipt For: 2018	CEO	O/P	tion (for Individual) resident ar-to-Date ▼		N	1emc	ttem					
	Primary X General Other (specify) ▼		- <b>7</b> -	1920.00									
В.	Full Name of Individual (Last, First, Middle Init Greenberg, Melissa, , , Mailing Address 15 Swan Place	ial) or Full C	)rga	nization Name	_	Date o	of Re			Y Y	Y		
						10 26 2018							
	City Slingerlands	State NY		Zip Code 12159					SA11AI. Receipt th		1		
	FEC ID number of contributing federal political committee.	С						-			.00		
	Name of Employer (for Individual) MVP Health Care	Occ Dire		tion (for Individual) r		N	1emc	tem					
	Receipt For: 2018 Primary x General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 220.00									
с.	Full Name of Individual (Last, First, Middle Init Greenberg, Melissa, , ,	ial) or Full C	Drga	nization Name		Date o	of Re	eceipt					
	Mailing Address 15 Swan Place	State		Zip Code		11 / D D / Y Y Y Y Y 11 09 2018							
	City Slingerlands	NY		12159					: SA11AI Receipt th		t k		
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	Name of Employer (for Individual) MVP Health Care	Occ Dire	•	tion (for Individual)		N	/lemc	) Item					
	Receipt For: 2018 Primary X General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 230.00									
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SCHEDULE A	(FEC Form 3X)	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC												
Full Name of Individual (Last, First, Mid A. Greenberg, Melissa, , ,	dle Initial) or Full Organization Name	Date of Receipt											
Mailing Address 15 Swan Place		11 23 2018											
City Slingerlands	StateZip CodeNY12159	Transaction ID : SA11AI.45967           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) Director	Memo Item											
Receipt For: 2018 Primary ✗ General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00												
Full Name of Individual (Last, First, Mid B. Harding, Daniel, , ,	dle Initial) or Full Organization Name	Date of Receipt											
Mailing Address 125 Twenty West Drive		10 26 2018											
City Altamont	StateZip CodeNY12203	Transaction ID : SA11AI.45974 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) Director	Memo Item											
Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00												
Full Name of Individual (Last, First, Mid C. Harding, Daniel, , ,	dle Initial) or Full Organization Name	Date of Receipt											
Mailing Address 125 Twenty West Drive		11 09 / Y Y Y Y Y 2018											
City Altamont	StateZip CodeNY12203	Transaction ID : SA11AI.45975 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 Receipt For: 2018	Occupation (for Individual) Director	Memo Item											
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC															
	Full Name of Individual (Last, First, Middle Initi Harding, Daniel, , ,	ial) or Full	Orga	nization Name		<b>D</b> .											
Α.	Mailing Address 125 Twenty West Drive					Date of Receipt											
	City Altamont	State NY				-	-	11AI.4									
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period												
	Name of Employer (for Individual) MVP Health Care		ccupat irector	tion (for Individual)		M	emo	ltem									
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В.	Full Name of Individual (Last, First, Middle Initi Hogan, Rosemarie, , ,	ial) or Full	Orgai	nization Name		Date o	f Red										
	Mailing Address 45 Crestwood Drive					10 26 2018											
	City	State		Zip Code		Transaction ID : SA11AI.45980											
	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	Oc V		tion (for Individual)		M	emo	ltem									
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C.	Full Name of Individual (Last, First, Middle Initi Hogan, Rosemarie, , ,	ial) or Full	Orgar	nization Name		Date o	f Red	ceipt									
	Mailing Address 45 Crestwood Drive					M 11	/	D 09	D )	Ý	2018 Y	Y					
	City Schenectady	State NY		Zip Code 12866						11AI.4							
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Α.	Full Name of Individual (Last, First, Middle Initia Hogan, Rosemarie, , ,	ll) or Full C	Organization Name	Date of Receipt			
	Mailing Address 45 Crestwood Drive	-1		11 23 / Y Y Y Y 2018			
	City	State	Zip Code	Transaction ID : SA11AI.45982			
	Schenectady	NY	12866	Amount of Each Receipt this Period			
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	Receipt For: 2018	Aggregate	Year-to-Date <b>V</b>				
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В.	Full Name of Individual (Last, First, Middle Initia Husted, Kevin, , ,	l) or Full C	Organization Name	Date of Receipt			
	Mailing Address 38 Fox Hill Drive			10 26 2018			
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.45983 Amount of Each Receipt this Period			
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	Mailing Address 38 Fox Hill Drive			M M / D D / Y Y Y Y 11 09 2018			
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.45984			
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Mailing Address 1523 East Avenue				<sup>M</sup> 11		09 / Y	2018	Ŷ					
City	State	Zip Code		Trans	saction I	D : SA11AI	.46008						
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	Mailing Address 1523 East Avenue				11 23 2018								
	City Rochester	State NY		Zip Code 14610	Transaction ID : SA11AI.46009           Amount of Each Receipt this Period								
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В.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , , Mailing Address 113 Kaydeross Park Road	al) or Full	Orga	nization Name	Date of Receipt								
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C.	Full Name of Individual (Last, First, Middle Initia Martin, Augusta, , ,	al) or Full	Orga	nization Name	Date of Receipt								
	Mailing Address 113 Kaydeross Park Road				11 09 2018								
	City Saratoga Springs	State NY		Zip Code 12866	Transaction ID : SA11AI.46011 Amount of Each Receipt this Period								
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	Name of Employer (for Individual) MVP Health Care	Oc VF	•	tion (for Individual)	Memo Item								
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	Mailing Address 113 Kaydeross Park Road			11 23 2018									
	City Saratoga Springs	State NY	Zip Code 12866	Transaction ID : SA11AI.46012           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: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	1									
в.	Full Name of Individual (Last, First, Middle Initia Merola, Jason, , , Mailing Address 236 Haywood Gln	al) or Full C	rganization Name	Date of Receipt									
	City	State	Zip Code	10 26 2018									
	Victor	NY	14564	Transaction ID : SA11AI.46016 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) gional Medical Director	Memo Item									
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с.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	rganization Name	Date of Receipt									
	Mailing Address 236 Haywood GIn			M M / D D / Y Y Y Y 11 09 2018									
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	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ional Medical Director	Memo Item									
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	r for commercial purposes, other than using th									
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	Mailing Address 236 Haywood GIn					<sup>м м</sup> 11	/ D 23		2018	Y
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	Primary X General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 240.00						
В.	Full Name of Individual (Last, First, Middle Ir Metheny, Laurie, , , Mailing Address 21 Joellen Drive	itial) or Full C	Drgani	zation Name		ate of R	eceipt	D / Y	ÝÝ	Ý
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C.	Full Name of Individual (Last, First, Middle Ir Metheny, Laurie, , ,	iitial) or Full C	Organi	zation Name	Da	ate of R	eceipt			
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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11	EMIZED RECEIPTS	CEIPIS for each category of the Detailed Summary Page					11	· -	11c 15	12	Γ	17			
	ny information copied from such Reports and for commercial purposes, other than using the						rpos	se of	soliciting	g contrib		ns			
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В.	Molloy, Peter, , ,	,	Ŭ		Date	of R	lecei	ipt							
	Mailing Address 84 York Avenue				<sup>™</sup> 10	M		D D D 26	/ Y	y y 2018	Y	1			
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	Mailing Address 84 York Avenue				M M / D D / Y Y Y Y 11 23 2018
	City	State	Zip Code		Transaction ID : SA11AI.46024
	Saratoga Springs	NY	12866		Amount of Each Receipt this Period
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	Name of Employer (for Individual) MVP Health Care		cupation (for Individual)		Memo Item
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	Primary X General Other (specify) ▼		240	0.00	
В.	Full Name of Individual (Last, First, Middle Initia Montepare, Carole, , ,	al) or Full C	Drganization Name		Date of Receipt
	Mailing Address 100 McLain Court				10 26 2018
	City Williamstown	State MA	Zip Code 01267		Transaction ID : SA11AI.46025 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
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<u> </u>	Full Name of Individual (Last, First, Middle Initia Montepare, Carole, , ,	al) or Full C	Drganization Name		Date of Receipt
	Mailing Address 100 McLain Court				M M / D D / Y Y Y Y 11 09 2018
	City Williamstown	State MA	Zip Code 01267	_	Transaction ID : SA11AI.46026
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SCHEDULE A	(FEC Form 3X)	
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<b>B.</b> Montgomery, Susan, , ,			[	Date o	f Re	ceipt			
Mailing Address 12 Feeney Road				M M	/	D D	/ Y	Y Y	Y
				10		26		2018	
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	y information copied from such Reports and St for commercial purposes, other than using the				rson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC													
Α.	Full Name of Individual (Last, First, Middle Initi Montgomery, Susan, , ,	al) or Full O	)rga	nization Name	Date of Receipt										
	Mailing Address 12 Feeney Road				11 23 / Y Y Y Y 2018										
	City Ossining	State NY		Zip Code 10562	Transaction ID : SA11AI.46030           Amount of Each Receipt this Period										
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	Name of Employer (for Individual) MVP Health Care	Occi VP	upa	tion (for Individual)	Memo Item										
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В.	Full Name of Individual (Last, First, Middle Initi Mulvey, Brian, , , Mailing Address 8 Glendale Avenue	al) or Full O	rga	nization Name	Date of Receipt										
		1			10 26 2018										
	City Delmar	State NY		Zip Code 12054	Transaction ID : SA11AI.46034 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) MVP Health Care	Occ Dire	•	tion (for Individual) r	Memo Item										
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_	Full Name of Individual (Last, First, Middle Initi Mulvey, Brian, , ,	al) or Full O	)rga	nization Name	Date of Receipt										
С.	Mailing Address 8 Glendale Avenue				11 09 2018										
	City Delmar	State NY		Zip Code 12054	Transaction ID : SA11AI.46035 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) MVP Health Care	Occi Dire	•	tion (for Individual)	Memo Item										
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER:         PAGE 31 OF 45           (check only one)         11a           11a         11b           13         14           15         16           17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r				person 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 Mulvey, Brian, , ,	al) or Full C	Organization	Name	Date of Receipt
	Mailing Address 8 Glendale Avenue				M M / D D / Y Y Y Y Y 11 23 2018
	City	State	Zip Co		Transaction ID : SA11AI.46036
	Delmar	NY	1205	4	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 ector	Individual)	Memo Item
	Receipt For: 2018	Aggregate	Year-to-Date	e 🔻	
	Primary     ✗     General       Other (specify) ▼		т. т. т. 	240.00	]
В.	Full Name of Individual (Last, First, Middle Initia Odorizzi, Richard, , ,	al) or Full C	Organization	Name	Date of Receipt
	Mailing Address 71 East Claremont Drive				10 26 2018
	City Voorheesville	State NY	Zip Co 12186		Transaction ID : SA11AI.46037 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:       2018         Primary       ✔         Other (specify) ▼	Aggregate	Year-to-Date	e ▼ , 220.00	]
<u> </u>	Full Name of Individual (Last, First, Middle Initia Odorizzi, Richard, , ,	al) or Full C	Organization	Name	Date of Receipt
	Mailing Address 71 East Claremont Drive				M M / D D / Y Y Y Y Y 11 09 2018
	City Voorheesville	State NY	Zip Co 12186		Transaction ID : SA11AI.46038
	FEC ID number of contributing federal political committee.	C	12100		Amount of Each Receipt this Period
	Name of Employer (for Individual) MVP Health Care	Occ	upation (for	Individual)	Memo Item
	Receipt For: 2018	I	Veer te Det	. 🔻	
	Primary X General Other (specify)	Ayyregate	Year-to-Date	230.00	1
5	UBTOTAL of Receipts This Page (optional)				30.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER:       PAGE 32 OF 45         (check only one)       Image: state					
	-	Detailed Summary Page							
	y information copied from such Reports and St for commercial purposes, other than using the			13         14         15         16         17           terson for the purpose of soliciting contributions         to solicit contributions from such committee.         to solicit contributions					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC							
/									
Α.	Full Name of Individual (Last, First, Middle Initi Odorizzi, Richard, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 71 East Claremont Drive			11 23 / Y Y Y Y 11 23					
	City	State NY	Zip Code 12186	Transaction ID : SA11AI.46039					
	Voorheesville		12100	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		10.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	MVP Health Care	VP	. ,	-					
	Receipt For: 2018	Aggregate	Year-to-Date ▼						
	Primary X General			1					
	Other (specify) ▼	L	240.00	1					
в.	Full Name of Individual (Last, First, Middle Initi Poole III, James, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 96 Spar Road			10 26 2018					
	City	State	Zip Code	Transaction ID : SA11AI.46040					
	Willington	СТ	06279	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		upation (for Individual) Chief Security Officer	Memo Item					
	Receipt For: 2018		Year-to-Date ▼						
	Primary		440.00	1					
	Full Name of Individual (Last, First, Middle Initi Poole III, James, , ,	al) or Full O	rganization Name	Date of Receipt					
0.	Mailing Address 96 Spar Road			11 09 2018					
	City	State	Zip Code	Transaction ID : SA11AI.46041					
	Willington	СТ	06279	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		upation (for Individual) Chief Security Officer	Memo Item					
	Receipt For: 2018	1	Year-to-Date ▼						
	Primary X General	Ayyreyale							
	Other (specify)		460.00	1					
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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PAGE 33 OF

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11	EMIZED RECEIPTS	for each category of the Detailed Summary Page					_	11b	11c		12					
	ny information copied from such Reports and S						ourp									
or	for commercial purposes, other than using the	e name and a	address of any political committee	e to s	olicit	cont	tribu	utions	from suc	h cc	mmitt	.ee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC														
Α.	Full Name of Individual (Last, First, Middle Ini Poole III, James, , ,	itial) or Full C	Organization Name		Date	of	Rec	ceipt								
	Mailing Address 96 Spar Road				M 1		/	23			018	Y				
	City	State	Zip Code		Tra	nsa	actio		SA11AI	1.0						
	Willington	СТ	06279		Amo	unt	of E	Each I	Receipt t	his F	Period					
	FEC ID number of contributing federal political committee.	C		20.00												
	Name of Employer (for Individual)	Occ	upation (for Individual)		п	Me	mo	Item								
	MVP Health Care	VP,	Chief Security Officer													
	Receipt For: 2018	Aggregate	Year-to-Date V													
	Primary X General	00 0		11.												
	Other (specify) <b>v</b>		480.00	4												
B	Full Name of Individual (Last, First, Middle Ini Retajczyk, Lynne, , ,	itial) or Full C	Organization Name		Date	of	Rec	ceint								
	Mailing Address 3039 Williamsburg Drive				M		/	D	D / Y	Y	Ý	Y				
	-				1	0		26		20	018					
	City	State	Zip Code						SA11AI							
	Schenectady	NY	12303		Amo	unt	of E	Each I	Receipt t	nis F	'eriod					
	FEC ID number of contributing federal political committee.	С	10.00													
	Name of Employer (for Individual) MVP Health Care		upation (for Individual) ector		Memo Item											
	Receipt For: 2018	Aggregate	Year-to-Date ▼													
	Primary 🖌 General	7.99.09ato		11.												
	Other (specify)		, 220.00													
C.	Full Name of Individual (Last, First, Middle Ini Retajczyk, Lynne, , ,	tial) or Full C	Organization Name		Date	of	Rec	ceipt								
	Mailing Address 3039 Williamsburg Drive				M 1		1	09			018 <sup>°</sup>	Y				
	City	State	Zip Code		Tra	nsa	actio	on ID	: SA11A	.460	44					
	Schenectady	NY	12303	_	Amo	unt	of E	Each I	Receipt t	nis F	<sup>•</sup> eriod					
	FEC ID number of contributing federal political committee.	С			Ē			y	, , , , , , , , , , , , , , , , , , ,	_	10.	00				
	Name of Employer (for Individual) MVP Health Care		upation (for Individual)			Me	emo	ltem								
	Receipt For: 2018	Dire		$\neg$												
	Primary X General	Aggregate	Year-to-Date ▼													
	Other (specify)		230.00													
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>	Ę			,	5	+	40.	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 34 OF 45         (check only one)       ************************************
	y information copied from such Reports and Sta for commercial purposes, other than using the n			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 Retajczyk, Lynne, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 3039 Williamsburg Drive			11 / 23 / Y Y Y Y 2018
	City	State	Zip Code	Transaction ID : SA11AI.46045
	Schenectady	NY	12303	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) ector	Memo Item
	Receipt For: 2018	Aggregate	Year-to-Date V	—
	Primary X General Other (specify) ▼		240.00	]
В.	Full Name of Individual (Last, First, Middle Initia Roohan, Patrick, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1341 Partridge Drive			10 26 2018
	City Castleton	State NY	Zip Code 12033	Transaction ID : SA11AI.46046 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 ▼ 210.00	1
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	-19	
С.	Roohan, Patrick, , ,	,	<b>J</b>	Date of Receipt
	Mailing Address 1341 Partridge Drive	1		11 / D D / Y Y Y Y 11 09 2018
	City	State NY	Zip Code	Transaction ID : SA11AI.46047
	Castleton		12033	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 V	
	Primary X General Other (specify)		240.00	]
s	UBTOTAL of Receipts This Page (optional)			70.00

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

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER:     PAGE 35 OF 45       (check only one)     I1a							
			Detailed Summary Page	$\begin{array}{ c c c c c c c } \hline & & & & & & & & & & & & & & & & & & $							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
$\square$	NAME OF COMMITTEE (In Full)										
	MVP Health Care Inc. Federal P	AC									
Α.	Full Name of Individual (Last, First, Middle Initia Roohan, Patrick, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 1341 Partridge Drive			11 23 2018							
	City Castleton	State NY	Zip Code 12033	Transaction ID : SA11AI.46048							
			12033	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		30.00							
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	MVP Health Care	VP									
	Receipt For: 2018	Aggregate	Year-to-Date <b>V</b>								
	Primary X General		270.00								
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-	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Data of Data int							
в.	Santiago, Mark, , ,			Date of Receipt							
	Mailing Address 23 Lees Way		10 26 2018								
	City	State	Zip Code	Transaction ID : SA11AI.46055							
	Hopewell Junction	NY	12533	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							
	Receipt For: 2018	Aggregate	Year-to-Date V								
	Primary K General	riggrogato									
	Other (specify) V		, 440.00								
C.	Full Name of Individual (Last, First, Middle Initia Santiago, Mark, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 23 Lees Way			11 09 / Y Y Y Y 2018							
	City	State	Zip Code	Transaction ID : SA11AI.46056							
	Hopewell Junction	NY	12533	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	Occi VP	upation (for Individual)	Memo Item							
	Receipt For: 2018	Aggregate	Year-to-Date <b>V</b>								
	Primary X General	33 94.0									
	Other (specify)		460.00								

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SCHEDULE A	(FEC Form 3X)	
ITEMIZED REC	EIPTS	

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

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PAGE 36 OF

	. •		d Summary Page	×	_		11b	11c	12									
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or for commercial purposes,	such Reports and Statements other than using the name an																	
MVP Health Care	In Full) Inc. Federal PAC																	
Full Name of Individual (L A. Santiago, Mark, , ,	ast, First, Middle Initial) or Fu	II Organization	Name		Date of Receipt													
Mailing Address 23 Lees	Way				11 / D D / Y Y Y Y 2018													
City Hopewell Junction	State NY	Zip C 125		Transaction ID : SA11AI.46057 Amount of Each Receipt this Period														
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Name of Employer (for In MVP Health Care	,	Decupation (for	r Individual)		М	emo	o Item											
Receipt For: 2018 Primary	eneral Aggreg	ate Year-to-Da	480.00	]														
Full Name of Individual (L B. Sax, Ellen, , ,	ast, First, Middle Initial) or Fu	II Organization	Name		Date o	f Re	eceipt											
Mailing Address 510 Broa	-				<sup>M</sup> <sup>M</sup> 10	/	26	/ Y	y y 2018	Y								
City Saratoga Springs	State	Zip C 1286			Transaction ID : SA11AI.46061 Amount of Each Receipt this Period													
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Name of Employer (for In MVP Health Care	,	Dccupation (fo VP	r Individual)		М	emo	o Item											
Receipt For: 2018 Primary ¥ Gu Other (specify) ▼	eneral Aggreg	ate Year-to-Da	te ▼ 220.00	]														
Full Name of Individual (L C. Sax, Ellen, , ,	ast, First, Middle Initial) or Fu	II Organization	Name		Date o	f Re	eceipt											
Mailing Address 510 Broa					M M	1	09	/ Y	2018 <sup>°</sup>	Y								
City Saratoga Springs	State NY	Zip C 1286						SA11AI.										
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Name of Employer (for In MVP Health Care	,	) Occupation (for Individual) VP							Memo Item									
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		f	Use separate schedule(s) for each category of the Detailed Summary Page	(cheo	LINE k only 11a 13	NUMBER one) 11b 14	R: P	c	37 OF	45				
	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 Sax, Ellen, , ,	al) or Full O	Drgai	nization Name	D	Date of Receipt									
	Mailing Address 510 Broadway				1	M         M         /         D         D         /         Y									
	City Saratoga Springs	State NY		Zip Code 12866			action ID of Each				_				
	FEC ID number of contributing federal political committee.	С					-		-	10.00	)				
	Name of Employer (for Individual) MVP Health Care	Occi VP	upat	tion (for Individual)	[	Me	mo Item								
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В.	Full Name of Individual (Last, First, Middle Initi Smith, Kelly, , ,	al) or Full O	Drgai	nization Name	D	ate of	Receipt								
	Mailing Address 632 Vanderlyn Lane					<sup>м м</sup> 10	/ D 2			2018					
	City	State NY		Zip Code 12159			ction ID								
	Slingerlands FEC ID number of contributing federal political committee.	C				mount	of Each	Receip	t this	10.00	D				
	Name of Employer (for Individual) MVP Health Care	Occ VP	cupa	tion (for Individual)	Memo Item										
	Receipt For: 2018	Aggregate	Yea	ur-to-Date ▼											
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с.	Full Name of Individual (Last, First, Middle Initi Smith, Kelly, , ,	al) or Full O	Drgai	nization Name	D	ate of	Receipt								
	Mailing Address 632 Vanderlyn Lane	Chata		Zin Oode	46	M M 11		9	2	2018	ſ				
	City Slingerlands	State NY		Zip Code 12159			of Each								
	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	upat	tion (for Individual)		Me	emo Item								
	Receipt For: 2018	Aggregate	Yea	ur-to-Date ▼											
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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       38       OF       45         (check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Image: Check only one)       Image: Check only one)         Image: Image: Check only one)       Image: Check only one)       Im								
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC										
Α.	Full Name of Individual (Last, First, Middle Init Smith, Kelly, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 632 Vanderlyn Lane			M M / D D / Y Y Y Y 11 23 2018								
	City Slingerlands	State NY	Zip Code 12159	Transaction ID : SA11AI.46075 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: 2018 Primary	Aggregate	Year-to-Date ▼ 240.00	]								
В.	Full Name of Individual (Last, First, Middle Ini Titsworth, Emily, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1394 Dean Street			10 26 Y Y Y Y Y 2018								
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.46079 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) Deputy General Counsel	Memo Item								
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]								
С.	Full Name of Individual (Last, First, Middle Init Titsworth, Emily, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 1394 Dean Street	04-4-	The Oakle	11 / D D / Y Y Y Y 2018								
	City Niskayuna	State NY	Zip Code 12309	Transaction ID : SA11AI.46080           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) Deputy General Counsel	Memo Item								
	Receipt For: 2018 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	]								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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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 Titsworth, Emily, , , Α. Date of Receipt Mailing Address 1394 Dean Street M M 1 11 23 2018 City Zip Code State Transaction ID : SA11AI.46081 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **MVP Health Care** VP, Deputy General Counsel Receipt For: 2018 Aggregate Year-to-Date ▼ Primary X General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive 10 2018 26 City State Zip Code Transaction ID : SA11AI.46082 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ x General Primarv Other (specify) 220.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Trant, Christopher, , , Date of Receipt Mailing Address 1005 Coffee Drive MM 11 09 2018 City Zip Code State Transaction ID : SA11AI.46083 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MVP Health Care Director Receipt For: 2018 Aggregate Year-to-Date ▼ Primary X General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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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       40       OF       45         (check only one)       ************************************
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Α.	Full Name of Individual (Last, First, Middle In Trant, Christopher, , ,	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 1005 Coffee Drive			M M / D D / Y Y Y Y Y 11 23 2018
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.46084 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		10.00
	Name of Employer (for Individual)		upation (for Individual)	Memo Item
	MVP Health Care         Receipt For:       2018         Primary       ✗ General         Other (specify) ▼		ector Year-to-Date ▼ 240.00	]
В.	Full Name of Individual (Last, First, Middle In Viscusi, Rico, , , Mailing Address 234 Autumn Run	itial) or Full O	Zip Code	Date of Receipt
	Schenectady	NY	12306	Transaction ID : SA11AI.46091           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) ector	Memo Item
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]
C.	Full Name of Individual (Last, First, Middle In $Viscusi,Rico,,,$	itial) or Full O	rganization Name	Date of Receipt
	Mailing Address 234 Autumn Run			M M / D D / Y Y Y Y Y 11 09 2018
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.46092 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) MVP Health Care	Occi Dire	upation (for Individual) ctor	Memo Item
	Receipt For: 2018 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	]

SUBTOTAL of Receipts This Page (optional)			9		7	3	0.00	-	
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S	CHEDULE A (FEC Form 3X)			Jse separate schedule(s)	-		NUMBER	R: PAG	GE 41 C	)F 45				
IT	EMIZED RECEIPTS			or each category of the	`	eck only	· /	<u> </u>	<u> </u>					
			[	Detailed Summary Page	<b>×</b>	11a 13	11b	11c	12	17				
	y information copied from such Reports and S					rson for the purpose of soliciting contributions								
or	for commercial purposes, other than using the	name and a	addre	ess of any political committee	e to so	licit cor	ntributions	from suc	commit	tee.				
	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	Drgai	nization Name		Date of Receipt								
	Mailing Address 234 Autumn Run					11 / 23 / Y Y Y Y 11 23 2018								
	City	State		Zip Code		Trans	action ID	: SA11AI	.46093					
	Schenectady	NY		12306	_	Amount	of Each	Receipt t	his Period					
	FEC ID number of contributing federal political committee.	С							10.	00				
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		M	emo Item							
	MVP Health Care	Dire	ector											
	Receipt For: 2018	Aggregate	Yea	ur-to-Date ▼										
	Primary X General Other (specify) ▼			240.00										
			7											
	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , ,	ial) or Full C	Drgai	nization Name		Data of	Receipt							
ь.	Mailing Address 2040 Mill Road				_				YY	V				
						10	2		2018					
	City	State		Zip Code		Trans	action ID	: SA11AI	.46094					
	West Falls	NY		14170	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		cupat ector	tion (for Individual)	Memo Item									
	Receipt For: 2018	Aggregate	Yea	ur-to-Date ▼										
	Primary 🗶 General													
	Other (specify) <b>v</b>		,	, 220.00										
C.	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , ,	ial) or Full C	Drgai	nization Name		Date of	Receipt							
	Mailing Address 2040 Mill Road			1		<sup>M</sup> 11	/ D 0		2018	Y				
	City West Falls	State		Zip Code			action ID							
	West Falls	NY		14170		Amount	of Each	Receipt t	his Period					
	FEC ID number of contributing federal political committee.	С					, ,		10.					
	Name of Employer (for Individual) MVP Health Care		upat ector	ion (for Individual)		M	emo Item							
	Receipt For: 2018			r-to-Date ▼	_									
	Primary X General	Ayyreyale	169											
	Other (specify)	L	J	230.00										
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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         42         OF         45           (check only one)         I1a         11b         11c         12           I3         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC		
Α.	Full Name of Individual (Last, First, Middle Init Wild, Joseph, , ,	tial) or Full C	organization Name	Date of Receipt
	Mailing Address 2040 Mill Road			11 23 2018
	City West Falls	State NY	Zip Code 14170	Transaction ID : SA11AI.46096 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) ector	Memo Item
	Receipt For: 2018 Primary	Aggregate	Year-to-Date ▼ 240.00	]
в.	Full Name of Individual (Last, First, Middle Init Zdunczyk, Gale, , ,	tial) or Full C	organization Name	Date of Receipt
	Mailing Address 7 Cypress Street			10 / Y Y Y Y 26 2018
	City Albany	State NY	Zip Code 12205	Transaction ID : SA11AI.46100 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) nager	Memo Item
	Receipt For: 2018 Primary ★ General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Zdunczyk, Gale, , ,	tial) or Full C	organization Name	Date of Receipt
	Mailing Address 7 Cypress Street			11 09 2018
	City Albany	State NY	Zip Code 12205	Transaction ID : SA11AI.46101           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	Man	upation (for Individual) nager	Memo Item
	Receipt For: 2018 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 230.00	]
s	UBTOTAL of Receipts This Page (optional)			30.00

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TOTAL This Period (last page this line number only)		L	 	-	 	-	 	-	4

SCHEDULE A	(FEC	Form 3X)
ITEMIZED REC	EIPTS	<b>b</b>

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

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 Zdunczyk, Gale, , , Α. Date of Receipt Mailing Address 7 Cypress Street М 2018 11 23 City Zip Code State Transaction ID : SA11AI.46102 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **MVP Health Care** Manager Receipt For: 2018 Aggregate Year-to-Date ▼ Primary X General 240.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Date of Receipt Mailing Address Μ City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10.00 SUBTOTAL of Receipts This Page (optional)..... 2680.00

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PAGE

11c

43 OF

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 44 OF 45
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b	22 🗶 23 🗌 26 🗌 27
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. KATKO FOR CONGRESS				Date of Disbursement
Mailing Address PO BOX 133				10 / D D / Y Y Y Y Y 26 2018
City CAMILLUS	State NY	Zip Code 13031		FEC Identification Number
Purpose of Disbursement			011	C C00556365 Transaction ID : SB23.46109
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: X House Disburse Senate President	ement For: 2 Primary Other (spe	<b>x</b> General		1000.00
State: NY District: 24		(iiy)		Memo Item
Full Name (Last, First, Middle Initial) B.				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		
State: District:				Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	1			С
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate	ement For: Primary	General		
State: District:	Other (spe	cify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional).				1000.00
TOTAL This Period (last page this line number only				1000.00

SCHEDULE D (FEC Form 3X)				PAGE 45 OF 45
			(Use separate schedule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS			for each	(check only one) 9
Excluding Loans			numbered line)	<b>X</b> 10
MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debt	tor 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			Transacti	on ID : SD10.4163
Amount Incurred This Period	Pa	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	or or Creditor		Nature of D	ebt (Purpose):
Media Well Done			Advertising	
Mailing Address				
Mailing Address 96 Jay Street				
City	State	Zip Code		
Schenectady	NY	12305		
Outstanding Balance Beginning This Period	I		Transact	ion ID : SD10.4165
	1		Transact	ion ID : SD10.4165
Outstanding Balance Beginning This Period	Pa	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	Pa			
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	tor or Creditor	0.	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 City	tor or Creditor	0.	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 City	tor or Creditor	0.	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 City Outstanding Balance Beginning This Period	tor 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	tor 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	tor or Creditor State Pa	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	tor or Creditor	0. Zip Code	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 Amount Incurred This Period 1 SUBTOTALS This Period This Page (optional)	tor or Creditor          State         Pate         er only)	Zip Code	Outstandir	ng Balance at Close of This Period 338.00 ebt (Purpose): ng Balance at Close of This Period 483.00