

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00431429 3. IS THIS REPORT NEW (N) OR AMENDED (A) AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 / 06 / 2018 in the State of NY
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2018 through 10 / 17 / 2018

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

Signature of Treasurer Estey, Jordan, T, , [Electronically Filed] Date 12 / 13 / 2018

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		63943.34
(b) Cash on Hand at Beginning of Reporting Period.....	57916.34	
(c) Total Receipts (from Line 19)	1060.00	22533.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58976.34	86476.34
7. Total Disbursements (from Line 31).....	2000.00	29500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56976.34	56976.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	870.00	11720.00
(ii) Unitemized	190.00	10813.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1060.00	22533.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1060.00	22533.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1060.00	22533.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1060.00	22533.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	29500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	29500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	29500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1060.00	22533.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1060.00	22533.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 A. Austen, Karla, , ,		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2018
Mailing Address 25 Carriage House Lane		Transaction ID : SA11AI.45811
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP, Chief Financial Officer	<input type="checkbox"/> Memo Item
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Cameron, Carl, , ,		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2018
Mailing Address 70 Barclay Square Drive		Transaction ID : SA11AI.45814
City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP	<input type="checkbox"/> Memo Item
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Clancy, Catherine, , ,		Date of Receipt M M / D D / Y Y Y Y Y 10 / 12 / 2018
Mailing Address 19 Julia Court		Transaction ID : SA11AI.45815
City Mahopac	State NY	Zip Code 10541
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) EVP	<input type="checkbox"/> Memo Item
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Colin, Wendy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 985 Victor Road
 City Macedon State NY Zip Code 14502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 12 / 2018
Transaction ID : SA11AI.45817
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Deferio, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 Birch Street
 City Liverpool State NY Zip Code 13088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 12 / 2018
Transaction ID : SA11AI.45819
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Del Vecchio, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2854 W. Old State Road
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Operating Officer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 12 / 2018
Transaction ID : SA11AI.45820
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DeSorbo, Todd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 Fort Hunter Road
 City Amsterdam State NY Zip Code 12010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45821
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Endres, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 Farm to Market Road
 City Mechanicville State NY Zip Code 12218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45825
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Estey, Jordan, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Campus Club Drive
 City Guilderland State NY Zip Code 12084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Manager
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45826
 Amount of Each Receipt this Period
 50.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Flor, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 144 Watch Hill Road

City Cortlandt Manor	State NY	Zip Code 10567
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018

Transaction ID : SA11AI.45829

Amount of Each Receipt this Period
 30.00

Memo Item

B. Foster, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Hickory Lane

City Averill Park	State NY	Zip Code 12018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Director
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018

Transaction ID : SA11AI.45831

Amount of Each Receipt this Period
 10.00

Memo Item

C. Gauci, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 861 Central Parkway

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Team Lead
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018

Transaction ID : SA11AI.45832

Amount of Each Receipt this Period
 10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Glavey, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Park Forest Drive
 City Pittsford State NY Zip Code 12180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) EVP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 10 / 12 / 2018
Transaction ID : SA11AI.45833
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Gonick, Denise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 332 Torquay Blvd.
 City Albany State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) CEO/President
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1680.00

Date of Receipt
 10 / 12 / 2018
Transaction ID : SA11AI.45834
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. Greenberg, Melissa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Swan Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 10 / 12 / 2018
Transaction ID : SA11AI.45836
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Harding, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Twenty West Drive
 City Altamont State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45839
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Hogan, Rosemarie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Crestwood Drive
 City Schenectady State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45841
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Husted, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Fox Hill Drive
 City Fairport State NY Zip Code 14450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45842
 Amount of Each Receipt this Period
 30.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1523 East Avenue

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45850

Amount of Each Receipt this Period
20.00

Memo Item

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

Mailing Address 113 Kaydeross Park Road

City Saratoga Springs	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45851

Amount of Each Receipt this Period
30.00

Memo Item

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

Mailing Address 236 Haywood Gln

City Victor	State NY	Zip Code 14564
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45853

Amount of Each Receipt this Period
10.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Metheny, Laurie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 Joellen Drive
 City Rochester State NY Zip Code 14626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Chief Risk Officer, VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45854
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Molloy, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 York Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45855
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Montepare, Carole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 McLain Court
 City Williamstown State MA Zip Code 01267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45856
 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).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Montgomery, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Feeney Road
 City Ossining State NY Zip Code 10562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11Al.45857
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Mulvey, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Glendale Avenue
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11Al.45859
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Odorizzi, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 East Claremont Drive
 City Voorheesville State NY Zip Code 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11Al.45860
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Poole III, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 Spar Road
 City Willington State CT Zip Code 06279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP, Chief Security Officer
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45861
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Retajczyk, Lynne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3039 Williamsburg Drive
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45862
 Amount of Each Receipt this Period 10.00
 Memo Item

C. Santiago, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Lees Way
 City Hopewell Junction State NY Zip Code 12533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) VP
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45866
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 510 Broadway

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

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

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

Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45868

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address 632 Vanderlyn Lane

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45872

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address 1394 Dean Street

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

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) VP, Deputy General Counsel
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45874

Amount of Each Receipt this Period

10.00

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Trant, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 Coffee Drive
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45875
 Amount of Each Receipt this Period
 10.00
 Memo Item

B. Viscusi, Rico, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 234 Autumn Run
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45878
 Amount of Each Receipt this Period
 10.00
 Memo Item

C. Wild, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2040 Mill Road
 City West Falls State NY Zip Code 14170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MVP Health Care Occupation (for Individual) Director
 Receipt For: 2018
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2018
Transaction ID : SA11AI.45879
 Amount of Each Receipt this Period
 10.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zdunczyk, Gale, , ,

Mailing Address **7 Cypress Street**

City Albany	State NY	Zip Code 12205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) MVP Health Care	Occupation (for Individual) Manager
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		12		2018

Transaction ID : SA11AI.45881

Amount of Each Receipt this Period

10.00

 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

--

 Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	870.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. ELISE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 338

City WILLSBORO State NY Zip Code 12996

Purpose of Disbursement 011 Category/Type

Candidate Name **ELISE FOR CONGRESS**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 21

Date of Disbursement: 10 / 11 / 2018

FEC Identification Number: **C00547893**
Transaction ID : **SB23.45732**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. FASO FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 98

City SOUTH SALEM State NY Zip Code 10590

Purpose of Disbursement 011 Category/Type

Candidate Name **FASO FOR CONGRESS**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 19

Date of Disbursement: 10 / 11 / 2018

FEC Identification Number: **C00580415**
Transaction ID : **SB23.45733**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. KATKO FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 133

City CAMILLUS State NY Zip Code 13031

Purpose of Disbursement 011 Category/Type

Candidate Name **KATKO FOR CONGRESS**

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 24

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: **C00556365**
Transaction ID : **SB23.46111**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.46111

MVP PAC mailed this 10/17 check to the wrong campaign. We issued another check on 10/26 to Katko for Congress with the understanding that the 10/17 check would be voided. Instead, Katko for Congress cashed both checks, thereby exceeding the legal contribution limit by \$1,000. Katko for Congress is processing a refund of \$1,000 to MVP PAC.

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 21
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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