

**FEC
FORM 3X**

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

RECEIVED
FED MAIL CENTER

2018 FEB -2 PM 12:13
Office Use Only

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

KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 29 EAST MAIN STREET

Check if different than previously reported. (ACC) GOUVERNEUR NY 13642

2. **FEC IDENTIFICATION NUMBER ▼** C 00549162 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) OR 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 M M M / D D D / in the State of

(d) 30-Day **POST-Election** Report for the:

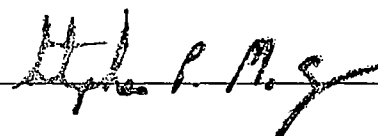
General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / in the State of

5. Covering Period M M M / D D D / 2017 through M M M / D D D / 2017

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 STEPHEN P. MCCOY

Signature of Treasurer  Date M M M / D D D / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

 /

D	D
0	1

 /

2	0	1	7
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 To:

M	M
1	2

 /

D	D
3	1

 /

2	0	1	7
---	---	---	---

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">1</td><td style="padding: 2px;">7</td></tr></table>	2	0	1	7	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">3</td><td style="padding: 2px;">4</td><td style="padding: 2px;">8</td><td style="padding: 2px;">9</td><td style="padding: 2px;">5</td><td style="padding: 2px;">9</td></tr></table>	3	3	4	8	9	5	9	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">3</td><td style="padding: 2px;">4</td><td style="padding: 2px;">8</td><td style="padding: 2px;">9</td><td style="padding: 2px;">5</td><td style="padding: 2px;">9</td></tr></table>	3	3	4	8	9	5	9
2	0	1	7																	
3	3	4	8	9	5	9														
3	3	4	8	9	5	9														
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">5</td><td style="padding: 2px;">0</td><td style="padding: 2px;">9</td><td style="padding: 2px;">5</td><td style="padding: 2px;">7</td><td style="padding: 2px;">5</td><td style="padding: 2px;">1</td></tr></table>	5	0	9	5	7	5	1												
5	0	9	5	7	5	1														
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">3</td><td style="padding: 2px;">2</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	3	2	0	0	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">2</td><td style="padding: 2px;">3</td><td style="padding: 2px;">0</td><td style="padding: 2px;">3</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td><td style="padding: 2px;">0</td></tr></table>	2	3	0	3	0	0	0				
3	2	0	0	0	0	0														
2	3	0	3	0	0	0														
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">5</td><td style="padding: 2px;">4</td><td style="padding: 2px;">1</td><td style="padding: 2px;">5</td><td style="padding: 2px;">7</td><td style="padding: 2px;">5</td><td style="padding: 2px;">1</td></tr></table>	5	4	1	5	7	5	1	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">5</td><td style="padding: 2px;">6</td><td style="padding: 2px;">5</td><td style="padding: 2px;">1</td><td style="padding: 2px;">9</td><td style="padding: 2px;">5</td><td style="padding: 2px;">9</td></tr></table>	5	6	5	1	9	5	9				
5	4	1	5	7	5	1														
5	6	5	1	9	5	9														
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1</td><td style="padding: 2px;">0</td><td style="padding: 2px;">6</td><td style="padding: 2px;">7</td><td style="padding: 2px;">5</td><td style="padding: 2px;">7</td><td style="padding: 2px;">1</td></tr></table>	1	0	6	7	5	7	1	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">1</td><td style="padding: 2px;">3</td><td style="padding: 2px;">0</td><td style="padding: 2px;">3</td><td style="padding: 2px;">7</td><td style="padding: 2px;">7</td><td style="padding: 2px;">9</td></tr></table>	1	3	0	3	7	7	9				
1	0	6	7	5	7	1														
1	3	0	3	7	7	9														
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">4</td><td style="padding: 2px;">3</td><td style="padding: 2px;">4</td><td style="padding: 2px;">8</td><td style="padding: 2px;">1</td><td style="padding: 2px;">8</td><td style="padding: 2px;">0</td></tr></table>	4	3	4	8	1	8	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">4</td><td style="padding: 2px;">3</td><td style="padding: 2px;">4</td><td style="padding: 2px;">8</td><td style="padding: 2px;">1</td><td style="padding: 2px;">8</td><td style="padding: 2px;">0</td></tr></table>	4	3	4	8	1	8	0				
4	3	4	8	1	8	0														
4	3	4	8	1	8	0														
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table>																			
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr></table>																			

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. 06/2004)

Page 3

Write or Type Committee Name

KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2017

To:

MM / DD / YYYY
12 / 31 / 2017

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).....

3,050.00

21,050.00

(ii) Unitemized.....

150.00

1,980.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3,200.00

23,030.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

3,200.00

23,030.00

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

3,200.00

23,030.00

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

3,200.00

23,030.00

CONFIDENTIAL INFORMATION

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	1,757.11	5,377.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,757.11	5,377.79
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,500.00	12,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10,675.71	13,037.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10,675.71	13,037.79

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	3,200.00	23,030.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,200.00	23,030.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	175.71	537.79
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	175.71	537.79

1400901001 001001001001001

**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 1 OF 8

<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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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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SCOTT, BRIAN

Mailing Address
34847 LEWIS LOOP

City **CARTHAGE** State **NY** Zip Code **13019**

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

Name of Employer **Health Direct Institutional Pharmacy Services** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
07 / 11 / 2017

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SCOTT, BRIAN

Mailing Address
34847 LEWIS LOOP

City **CARTHAGE** State **NY** Zip Code **13019**

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

Name of Employer **Health Direct Institutional Pharmacy Services** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
10 / 11 / 2017

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DEIS, BURTON F

Mailing Address
211 SYLVAN WAY

City **NEW HARTFORD** State **NY** Zip Code **13413**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Supervising Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 11 / 2017

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

2017-10-10 10:00:00 AM

**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 2 OF 8
	<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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DELS BURTON F

Mailing Address
211 SYLVAN WAY

City **NEW HARTFORD** State **NY** Zip Code **13413**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Supervising Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 13 / 2017

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
BARBER, DEBRA V

Mailing Address
19 GOLF COURSE ROAD

City **MALONE** State **NY** Zip Code **12953**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Director of PBM Relations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / 06 / 2017

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SPENCER JAMES

Mailing Address
4568 QUARY POINT CIR

City **CLAY** State **NY** Zip Code **13041**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Pres. Kinney Drug Stores**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1,000.00

Date of Receipt
07 / 11 / 2017

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER: PAGE **3** OF **8**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. SPENCER, JAMES

Mailing Address
4568 QUARY POINT CIR

City **CLAY** State **NY** Zip Code **13041**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Pres. Kinney Drug Stores**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1,000.00**

Date of Receipt
10 / 11 / 2017

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. KIRKBY, JEFFREY

Mailing Address
25702 KEYSER ROAD

City **EVANS MILLS** State **NY** Zip Code **13637**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Supervising Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
07 / 11 / 2017

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. KIRKBY, JEFFREY

Mailing Address
25702 KEYSER ROAD

City **EVANS MILLS** State **NY** Zip Code **13637**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
08 / 11 / 2017

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

2017-11-08 10:00:00 AM

**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 <u>4</u> OF <u>8</u>	
	<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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KIRKBY JEFFREY

Mailing Address
25702 KEYSER ROAD

City **EVANS MILLS** State **NY** Zip Code **13637**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Supervising Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
09 / 12 / 2017

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
KIRKBY JEFFREY

Mailing Address
25702 KEYSER ROAD

City **EVANS MILLS** State **NY** Zip Code **13637**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Supervising Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 / 11 / 2017

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
KIRKBY, JEFFREY

Mailing Address
25702 KEYSER ROAD

City **EVANS MILLS** State **NY** Zip Code **13637**

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

Name of Employer **KPH Healthcare Services, Inc** Occupation **Supervising Pharmacist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 10 / 2017

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

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

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER: PAGE 5 OF 8

<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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
KIRKBY JEFFREY

Mailing Address
25702 KEYSER ROAD

City EVANS MILLS State NY Zip Code 13037

FEC ID number of contributing federal political committee. C

Name of Employer KPH Healthcare Services, Inc Occupation Supervising Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 08 / 2017

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
MULHALL JOHN A

Mailing Address
126 CAMMANE ROAD

City BALDWINVILLE State NY Zip Code 13027

FEC ID number of contributing federal political committee. C

Name of Employer KPH Healthcare Services, Inc Occupation Supervising Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
07 / 11 / 2017

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MULHALL JOHN A

Mailing Address
126 CAMMANE ROAD

City BALDWINVILLE State NY Zip Code 13027

FEC ID number of contributing federal political committee. C

Name of Employer KPH Healthcare Services, Inc Occupation Supervising Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
325.00

Date of Receipt
08 / 11 / 2017

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

2017-08-10 10:00:00 AM

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 8	
	<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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MULHALL, JOHN A		Date of Receipt 09 / 12 / 2017
Mailing Address 126 CAMMARE ROAD		Amount of Each Receipt this Period 25.00
City BALDWINSVILLE	State Zip Code NY 13027	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer KPH Healthcare Services, Inc.	Occupation Supervising Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. MULHALL, JOHN A		Date of Receipt 10 / 11 / 2017
Mailing Address 126 CAMMARE ROAD		Amount of Each Receipt this Period 25.00
City BALDWINSVILLE	State Zip Code NY 13027	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer KPH Healthcare Services, Inc.	Occupation Supervising Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) C. MULHALL, JOHN A		Date of Receipt 11 / 10 / 2017
Mailing Address 126 CAMMARE ROAD		Amount of Each Receipt this Period 25.00
City BALDWINSVILLE	State Zip Code NY 13027	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer KPH Healthcare Services, Inc.	Occupation Supervising Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

2017-10-10 10:00:00 AM

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

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

FOR LINE NUMBER: PAGE **7** OF **8**

(check only one)

<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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. MULHALL, JOHN A

Full Name (Last, First, Middle Initial)

Mailing Address
126 CAMMARE ROAD

City **BALDWINSVILLE** State **NV** Zip Code **13027**

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

Name of Employer **KPH Healthcare services, Inc** Occupation **Supervising Pharmacist**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **12 / 08 / 2017**

Amount of Each Receipt this Period **25.00**

B. GRECO, LARRY

Full Name (Last, First, Middle Initial)

Mailing Address
140 SANDRINGHAM DRIVE

City **SOUTH MORAGA** State **CA** Zip Code **94556**

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

Name of Employer **GRECO SOLUTIONS** Occupation **PRESIDENT/CEO**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **07 / 11 / 2011**

Amount of Each Receipt this Period **250.00**

C. GRECO, LARRY

Full Name (Last, First, Middle Initial)

Mailing Address
140 SANDRINGHAM DRIVE

City **SOUTH MORAGA** State **CA** Zip Code **94556**

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

Name of Employer **GRECO SOLUTIONS** Occupation **PRESIDENT/CEO**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **10 / 11 / 2017**

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....▶ **525.00**

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

2008-2010-2012-2014-2016-2018-2020-2022-2024-2026-2028-2030

**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 8	
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	<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)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
DUTEAU, MICHAEL

Mailing Address
8223 ASHINGTON DRIVE

City **BALDWINVILLE** State **NY** Zip Code **13027**

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

Name of Employer **KPH Healthcare Services, Inc.** Occupation **VP Business Devel. & Strategic Relations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
11 / 06 / 2017

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DUTEAU, MICHAEL

Mailing Address
8223 ASHINGTON DRIVE

City **BALDWINVILLE** State **NY** Zip Code **13027**

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

Name of Employer **KPH Healthcare Services, Inc.** Occupation **VP Business Development & Strategic Relations**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
12 / 11 / 2017

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	3050.00

NON-FUNCTIONAL DOCUMENT

**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)			PAGE	OF
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29

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NAME OF COMMITTEE (In Full)
KPH HEALTHCARE SERVICES, INC. POLITICAL ACTION COMMITTEE

A. **NCPA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address: **100 DANGERFIELD ROAD**

City: **ALEXANDRIA** State: **VA** Zip Code: **22314**

Purpose of Disbursement: **2017 CONTRIBUTION**

Candidate Name: **NIA**

Office Sought: **NIA** (House, Senate, President)

Disbursement For: Primary General Other (specify) **0.1.1** Category/Type

Date of Disbursement: **12 / 21 / 2017**

Amount of Each Disbursement this Period: **2000.00**

B. **NACDS - PAC**

Full Name (Last, First, Middle Initial)

Mailing Address: **1776 WILSON BOULEVARD, SUITE 200**

City: **ARLINGTON** State: **VA** Zip Code: **22209**

Purpose of Disbursement: **2017 CONTRIBUTION**

Candidate Name: **NIA**

Office Sought: **NIA** (House, Senate, President)

Disbursement For: Primary General Other (specify) **0.1.1** Category/Type

Date of Disbursement: **12 / 21 / 2017**

Amount of Each Disbursement this Period: **5000.00**

C. **ESCA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address: **1341 G STREET NW, 6TH FLOOR**

City: **WASHINGTON** State: **DC** Zip Code: **20005**

Purpose of Disbursement: **2017 CONTRIBUTION**

Candidate Name: **NIA**

Office Sought: **NIA** (House, Senate, President)

Disbursement For: Primary General Other (specify) **0.1.1** Category/Type

Date of Disbursement: **12 / 21 / 2017**

Amount of Each Disbursement this Period: **3500.00**

SUBTOTAL of Disbursements This Page (optional) **10,500.00**

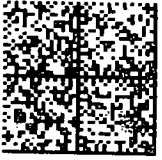
TOTAL This Period (last page this line number only) **10,560.00**

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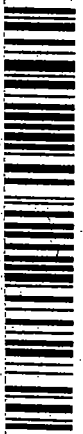
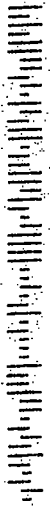


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999 E Street, N.W.
Washington, DC 20463



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Health
Cal A
9 E. Main Street
Governor, NY 13642

