

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

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

FOR LINE NUMBER: PAGE 52 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Gonick, Denise, , ,

Mailing Address 332 Torquay Blvd.

City  
AlbanyState  
NYZip Code  
12203FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVP Health CareOccupation (for Individual)  
CEO/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2019

Transaction ID : SA11AI.47527

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

B. Greenberg, Melissa, , ,

Mailing Address 15 Swan Place

City  
SlingerlandsState  
NYZip Code  
12159FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVP Health CareOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

Transaction ID : SA11AI.47548

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

C. Greenberg, Melissa, , ,

Mailing Address 15 Swan Place

City  
SlingerlandsState  
NYZip Code  
12159FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MVP Health CareOccupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2019

Transaction ID : SA11AI.47549

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

100.00

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