

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 C C00431429 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/06/2012

5. Covering Period 10/01/2012 through 10/17/2012

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 Frank Fanshawe

Signature of Treasurer Frank Fanshawe [Electronically Filed] Date 11/13/2012

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>		64574.34
(b) Cash on Hand at Beginning of Reporting Period.....	57671.34	
(c) Total Receipts (from Line 19)	1416.00	35013.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	59087.34	99587.34
7. Total Disbursements (from Line 31).....	3000.00	43500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	56087.34	56087.34
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).....	900.00	18360.00
(ii) Unitemized	516.00	16653.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1416.00	35013.00
(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)	1416.00	35013.00
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))..... ▶	1416.00	35013.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1416.00	35013.00

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.....	3000.00	43500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	3000.00	43500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	43500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	1416.00	35013.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1416.00	35013.00
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: PAGE 6 OF 15
(check only one)
 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 PAC

Full Name (Last, First, Middle Initial)
A. Karla Austen

Mailing Address 25 Carriage House La.

City State Zip Code
 Saratoga Spgs. NY 12866

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

Name of Employer Occupation
 MVP Health Care EVP, Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1140.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11Al.16012

Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Sue Brown

Mailing Address 9 Wembly Ct.

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 MVP Health Care, Inc. VP, EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 790.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11Al.16018

Amount of Each Receipt this Period
 30.00

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical 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 / 05 / 2012
Transaction ID : SA11Al.16019

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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: PAGE 7 OF 15
(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 (Last, First, Middle Initial)
A. Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Health Care Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.16026

Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code
 Liverpool NY 13090

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

Name of Employer Occupation
 MVP Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.16027

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
 Schenectady NY 12303

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

Name of Employer Occupation
 MVP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.16030

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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 15
<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. Mark Fish
Full Name (Last, First, Middle Initial)
Mailing Address 500 Normanskill Place
City Slingerlands State NY Zip Code 12159
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1200.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.16033
Amount of Each Receipt this Period **60.00**

B. Dominic Galante
Full Name (Last, First, Middle Initial)
Mailing Address 220 Alexander Street
City Rochester State NY Zip Code 14607
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP Medical Quality Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **800.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.16037
Amount of Each Receipt this Period **40.00**

C. Patrick Glavey
Full Name (Last, First, Middle Initial)
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1600.00**

Date of Receipt **10 / 05 / 2012**
Transaction ID : SA11AI.16040
Amount of Each Receipt this Period **80.00**

SUBTOTAL of Receipts This Page (optional)..... **180.00**
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 15
<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. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP & Chief Legal Officer, Pres. of Op
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.16041
Amount of Each Receipt this Period 70.00

B. Rosemarie Hogan
Full Name (Last, First, Middle Initial)
Mailing Address 45 Crestwood Drive
City Schenectady State NY Zip Code 12306
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Administrative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.16046
Amount of Each Receipt this Period 30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
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 MVP Occupation VP Information Technology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 05 / 2012
Transaction ID : SA11AI.16048
Amount of Each Receipt this Period 30.00

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 10 OF 15
	<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

Full Name (Last, First, Middle Initial)
A. Dawn Jablonski

Mailing Address 213 Hansen Ave

City	State	Zip Code
Albany	NY	12208

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

Name of Employer	Occupation
MVP Health Care	VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2012

Transaction ID : SA11AI.16050

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
B. William V. Little

Mailing Address 300 Partridge Lane

City	State	Zip Code
Charlotte	VT	05445

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

Name of Employer	Occupation
MVP Service Corp.	VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2012

Transaction ID : SA11AI.16059

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
C. Mr. Matthew J. Mackinnon

Mailing Address 1330 Park Avenue

City	State	Zip Code
Rochester	NY	14610

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

Name of Employer	Occupation
MVP Service Corp.	VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2012

Transaction ID : SA11AI.16064

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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: PAGE 11 OF 15
(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 (Last, First, Middle Initial)
A. Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.16065

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.16067

Amount of Each Receipt this Period
 50.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2012
Transaction ID : SA11AI.16074

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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 15
	<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"/>	<input type="checkbox"/> 17

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

A. David Orlando
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11Al.16075

Amount of Each Receipt this Period
30.00

B. Jennifer Rice
Full Name (Last, First, Middle Initial)

Mailing Address 22 Hemlock Drive

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care, Inc. Occupation VP of Medicaid & Safety Net Prods.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11Al.16082

Amount of Each Receipt this Period
20.00

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

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 05 / 2012

Transaction ID : SA11Al.16089

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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 15
	<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

Full Name (Last, First, Middle Initial)
A. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City	State	Zip Code
Rochester	NY	14624

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

Name of Employer	Occupation
MVP	VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2012

Transaction ID : SA11Al.16100

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)
B. John Vangraafeiland

Mailing Address 85 Pinehurst Place

City	State	Zip Code
Middletown	CT	06457

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

Name of Employer	Occupation
MVP	CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2012

Transaction ID : SA11Al.16105

Amount of Each Receipt this Period

30.00

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

Mailing Address 16 Oak Hill Drive

City	State	Zip Code
Loudon	NH	03307

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

Name of Employer	Occupation
MVP Health Care	Sales Director - NH/VT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		05		2012

Transaction ID : SA11Al.16110

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	900.00

**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"/> 24	<input type="checkbox"/> 25	<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

Full Name (Last, First, Middle Initial)

A. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement
Political Contribution

011

Candidate Name
CHRISTOPHER A COONS

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: DE District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2012

Transaction ID : SB23.16124

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR CONGRESS

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement
Political Contribution

011

Candidate Name
CHRISTOPHER C COLLINS

Category/
Type

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: NY District: 27

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2012

Transaction ID : SB23.16120

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3000.00

3000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	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 State Zip Code Cincinnati OH 45274	

Outstanding Balance Beginning This Period 145.00	Transaction ID : SD10.4163	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 State Zip Code Schenectady NY 12305	

Outstanding Balance Beginning This Period 338.00	Transaction ID : SD10.4165	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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