Image# 12952312601 PAGE 1 / 62

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 1. NAME OF COMMITTEE (in full) Example: If typing, type over the lines.	
MVP Health Care Inc. Federal PAC	
<u> </u>	
ADDRESS (number and street) 625 State Street	
Check if different	
than previously reported. (ACC) Schenectady NY 12305	
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ Z	ZIP CODE A
C C00431429 3. IS THIS REPORT X (N) OR AMENDED (A)	
4. TYPE OF REPORT (Choose One) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) May 20 (M5) Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)	Jan 31 (12)
X July 15 PRE-Election Primary (12P) General (12G) PRE-Election	Runoff (12R)
Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3)	
January 31	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY) (d) 30-Day POST-Election General (30G) Runoff (30R) Report for the:	Special (30S)
Termination Report (TER)	in the State of
5. Covering Period 04 01 2012 through 06 30 2012	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete	e.
Type or Print Name of Treasurer Frank Fanshawe	
Signature of Treasurer Frank Fanshawe [Electronically Filed] Date O7 11	2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties	s of 2 U.S.C. §437g.
	FORM 3X ev. 12/2004

SHMMARY DAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		. ugo _
MVP Health Care Inc. Federal I	PAC	
	. ,	
Report Covering the Period: From:	04 01 / 2012	To: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		64574.34
(b) Cash on Hand at Beginning of Reporting Period	68909.34	
(c) Total Receipts (from Line 19)	10883.00	21218.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79792.34	85792.34
7. Total Disbursements (from Line 31)	11000.00	17000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68792.34	68792.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a m	ulticandidate 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)

Write or Type Committee Name

M\/	P He	alth Ca	are Inc	. Federa	IPAC
1 V I V	1 110	aili O		. i Gudia	

Report Covering	g the Period: From:	04	To: 06 / 30 / 2012
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Individua	s (other than loans) From: als/Persons Other		
	ized (use Schedule A)	6780.00	8640.00
(ii) Unite (iii) TOT	emized	4103.00	12578.00
	s 11(a)(i) and (ii)	10883.00	21218.00
	Party Committeesolitical Committees	0.00	0.00
(such as	s PACs)ontributions (add Lines	0.00	0.00
Totals to	, (b), and (c)) (Carry o Line 33, page 5) om Affiliated/Other	10883.00	21218.00
	ittees	0.00	0.00
13. All Loans Re	eceived	0.00	0.00
15. Offsets To O	ments Receivedperating Expenditures	0.00	0.00
16. Refunds of C	to Line 37, page 5) Contributions Made	0.00	0.00
	andidates and Other mittees	0.00	0.00
(Dividends, II 18. Transfers from	nterest, etc.) m Non-Federal and Levin Fund	0.00	0.00
(a) Non-Fede (from Sc	eral Account chedule H3)	0.00	0.00
(b) Levin Fur	nds (from Schedule H5)	0.00	0.00
(c) Total Tran	nsfers (add 18(a) and 18(b))	0.00	0.00
	ts (add Lines 11(d), 15, 16, 17, and 18(c))▶	10883.00	21218.00
20. Total Federal (subtract Line	I Receipts e 18(c) from Line 19)▶	10883.00	21218.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period					
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal	10.00.1.1.10.1.01.00	Calendar Year-to-Date				
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				
Transfers to Affiliated/Other Party	5000.00	5000.00				
Contributions to	5000.00	3000.00				
Federal Candidates/Committees and Other Political Committees	6000.00	12000.00				
Independent Expenditures	0.00	0.00				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00				
(use scriedule i)		5.00				
Loan Repayments Made	0.00	0.00				
Loans MadeRefunds of Contributions To:	0.00	0.00				
(a) Individuals/Persons Other	0.00	0.00				
Than Political Committees	0.00	0.00				
(b) Political Party Committees	0.00	0.00				
(c) Other Political Committees	7					
(such as PACs)	0.00	0.00				
(d) Total Contribution Refunds						
(add Lines 28(a), (b), and (c))	0.00	0.00				
(444 21105 25(4), (5), 4114 (5),	7	7				
Other Disbursements	0.00	0.00				
Federal Election Activity (2 U.S.C. §431(20))						
(a) Allocated Federal Election Activity						
(from Schedule H6)	0.00	0.00				
(i) Federal Share	0.00	7 7				
(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				
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	17000.00				
		11 330.00				
Total Federal Disbursements						
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1100000	17000 00				
from Line 31)	11000.00	17000.00				

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10883.00	21218.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10883.00	21218.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

FOF	FOR LINE NUMBER:				PAGE		6	OF		62
(che	(check only one)									
X	11a		11b		11c		12	2		
	13		14		15		16	6		17

	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
City	State Zip Code	04 20 2012 Transaction ID : SA11AI.14499
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc. Receipt For: Primary General Other (specify)	EVP, Network Management Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) 8. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		05 04 2012
City Services Space	State Zip Code NY 12866	Transaction ID : SA11AI.14500
Saratoga Spgs. FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP, Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		05 18 2012 _
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.14501 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc. Receipt For:	EVP, Network Management	
Primary General Other (specify)	Aggregate Year-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line number	only)	

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

FOR	LINE	NU	MBER	:	PAGE	:	1	OF	62	
(che	ck only	or	ne)							
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	13		14		15		16	,	17	

	and statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) A. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.14502
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Karla Austen	<u>'</u>	Date of Receipt
Mailing Address 25 Carriage House La.		M = M / D = D / Y = Y = Y
City	State Zip Code	06 15 2012
Saratoga Spgs.	NY 12866	Transaction ID : SA11AI.14503 Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Network Management	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) C. Karla Austen	<u>'</u>	Date of Receipt
Mailing Address 25 Carriage House La.		06 29 2012
City	State Zip Code	Transaction ID : SA11AI.14504
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional	al)	180.00
	·	
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 8 OF 62 Use separate schedule(s) for each category of the Detailed Summary Page

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		13		14		15	16	17

or for commercial purposes, other than using	and Statements may not be sold or used by any pering the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Sue Brown		Date of Receipt
Mailing Address 9 Wembly Ct.		05 04 2012
City	State Zip Code	Transaction ID : SA11AI.14544
Delmar	NY 12054	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) 3. Sue Brown		Date of Receipt
Mailing Address 9 Wembly Ct.		M = M / D = D / Y = Y = Y
City	State Zip Code	05 18 2012
Delmar	NY 12054	Transaction ID : SA11AI.14545 Amount of Each Receipt this Period
		Amount of Lacif Heceipt this Fellou
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) C. Sue Brown		Date of Receipt
Mailing Address 9 Wembly Ct.		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.14546
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	+
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (option	al)	90.00
TOTAL This Devied (lost warra this live and	mbor only)	
IVIAL This Period (last page this line hui	mber only)	

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 2012 06 15 City Zip Code State Transaction ID: SA11AI.14547 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 06 29 2012 City State Zip Code Transaction ID: SA11AI.14548 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 06 01 2012 City Zip Code State Transaction ID: SA11AI.14591 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Scotia FEC ID number of contributing	NY 12302	Transaction ID : SA11AI.14592 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care Inc Receipt For:	Occupation Clinical Pharmacist Aggregate Year-to-Date ▼	20.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	240.00	
Mailing Address 212 Meriline Ave. City	State Zip Code	Date of Receipt 06 29 2012
Scotia FEC ID number of contributing federal political committee.	NY 12302	Transaction ID : SA11AI.14593 Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care Inc Receipt For: Primary General Other (specify) ▼	Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt 04 06 2012
City Liverpool FEC ID number of contributing federal political committee.	State Zip Code NY 13090	Transaction ID : SA11AI.14594 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Regional Network Director Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 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) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 04 2012 20 City State Zip Code Transaction ID: SA11AI.14595 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 05 04 2012 City State Zip Code Transaction ID: SA11AI.14596 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 05 18 2012 City State Zip Code Transaction ID: SA11AI.14597 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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	and Statements may not be sold or used by any per g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.14598
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	†
MVP	Regional Network Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) Patricia Deferio	•	Date of Receipt
Mailing Address 7723 Majestic Drive		06 15 2012
City	State Zip Code	Transaction ID : SA11AI.14599
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Patricia Deferio	I	Date of Receipt
Mailing Address 7723 Majestic Drive		06 29 2012
City	State Zip Code	Transaction ID : SA11AI.14600
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	520.00	
SUPTOTAL of Possints This Dags (actions		120.00
SUBTOTAL of Receipts This Page (optional	<u> </u>	
TOTAL This Period (last page this line nun	nher only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼ 280.00	Date of Receipt 04 06 2012 Transaction ID: SA11AI.14615 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼ 320.00	Date of Receipt M M M / 20
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼ 360.00	Date of Receipt 05 04 2012 Transaction ID : SA11AI.14617 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	•	120.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2012 18 City Zip Code State Transaction ID: SA11AI.14618 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 06 01 2012 City State Zip Code Transaction ID: SA11AI.14619 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 06 15 2012 City Zip Code State Transaction ID: SA11AI.14620 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 15 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2012 06 29 City State Zip Code Transaction ID : SA11AI.14621 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 04 06 2012 City State Zip Code Transaction ID: SA11AI.14636 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 20 04 2012 City Zip Code State Transaction ID: SA11AI.14637 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 04 2012 City State Zip Code Transaction ID: SA11AI.14638 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 05 18 2012 City State Zip Code Transaction ID: SA11AI.14639 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 06 01 2012 City State Zip Code Transaction ID: SA11AI.14640 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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14 13 15 16 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) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2012 15 City State Zip Code Transaction ID: SA11AI.14641 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 06 29 2012 City State Zip Code Transaction ID: SA11AI.14642 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 06 04 2012 City Zip Code State Transaction ID: SA11AI.14652 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP Medical Quality Management MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional).....

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		04 20 2012 The state of the sta
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.14653
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street		Date of Receipt
City	State Zip Code	05 04 2012 Transaction ID : SA11AI.14654
Rochester FEC ID number of contributing federal political committee.	NY 14607	Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care, Inc.	Occupation VP Medical Quality Management	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Booking
Mailing Address 220 Alexander Street		Date of Receipt 05 18 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.14655 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	_
MVP Health Care, Inc. Receipt For:	VP Medical Quality Management	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional).		120.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) A. Dominic Galante Mailing Address 220 Alexander Street		Date of Receipt 06 01 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.14656 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) 3. Dominic Galante Mailing Address 220 Alexander Street		Date of Receipt 06 15 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.14657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care, Inc.	Occupation VP Medical Quality Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		06 29 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.14658 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP Health Care, Inc. Receipt For:	VP Medical Quality Management Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City	State Zip Code	Date of Receipt 04 06 2012 Transaction ID: SA11Al.14673
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	NY 14610 C Occupation VP, Medicare Products	Amount of Each Receipt this Period 80.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt 04 20 2012
City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14610	Transaction ID: SA11AI.14674 Amount of Each Receipt this Period 80.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt 05 04 2012
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 720.00	Transaction ID : SA11AI.14675 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)	>	240.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2012 18 City Zip Code State Transaction ID: SA11AI.14676 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 06 01 2012 City State Zip Code Transaction ID: SA11AI.14677 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 06 15 2012 City Zip Code State Transaction ID: SA11AI.14678 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2012 29 City State Zip Code Transaction ID: SA11AI.14679 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 06 2012 City State Zip Code Transaction ID: SA11AI.14680 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 20 04 2012 Zip Code City State Transaction ID: SA11AI.14681 NY Schenectady 12303

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560.00

С

Occupation

EVP & Chief Legal Officer

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

70.00

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Receipt For:

MVP Health Care, Inc.

Primary

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14 13 15 16 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) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 2012 City Zip Code State Transaction ID: SA11AI.14682 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 18 2012 City State Zip Code Transaction ID: SA11AI.14683 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 06 01 2012 City Zip Code State Transaction ID: SA11AI.14684 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 770.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 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) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2012 06 15 City Zip Code State Transaction ID: SA11AI.14685 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 06 29 2012 City State Zip Code Transaction ID: SA11AI.14686 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 06 04 2012 City Zip Code State Transaction ID: SA11AI.14695 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
		04 20 2012
City Loudon	State Zip Code NH 03307	Transaction ID : SA11AI.14696
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 80.00
Name of Employer MVP	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		05 04 2012
City Loudon	State Zip Code NH 03307	Transaction ID : SA11AI.14697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer MVP	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Christopher Henchey	<u>'</u>	Date of Receipt
Mailing Address 144 Berry Road		05 18 2012
City Loudon	State Zip Code NH 03307	Transaction ID : SA11AI.14698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
MVP Receipt For:	Vice President	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
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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) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 01 2012 City Zip Code State Transaction ID: SA11AI.14699 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 06 15 2012 City State Zip Code Transaction ID: SA11AI.14700 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 06 29 2012 Zip Code City State Transaction ID: SA11AI.14701 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General

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1040.00

Other (specify)

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14 13 15 16 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) David Henderson Date of Receipt Mailing Address 1 Loudon Heights 04 2012 06 City Zip Code State Transaction ID: SA11AI.14702 NY 12211 Loudonville Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights 04 20 2012 City State Zip Code Transaction ID: SA11AI.14703 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights 04 05 2012 City Zip Code State Transaction ID: SA11AI.14704 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) David Henderson Date of Receipt Mailing Address 1 Loudon Heights 2012 18 City Zip Code State Transaction ID: SA11AI.14705 NY 12211 Loudonville Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights 06 01 2012 City State Zip Code Transaction ID: SA11AI.14706 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights 06 15 2012 City Zip Code State Transaction ID: SA11AI.14707 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) A. David Henderson Mailing Address 1 Loudon Heights		Date of Receipt
		06 29 2012
City	State Zip Code	Transaction ID : SA11AI.14708
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
MVP	EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	780.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan	•	Date of Receipt
Mailing Address 45 Crestwood Drive		06 01 2012
City	State Zip Code NY 12306	Transaction ID : SA11AI.14727
Schenectady FEC. ID number of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Name of Employer	Occupation	
MVP	Administrative	-
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan	•	Date of Receipt
Mailing Address 45 Crestwood Drive		06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12306	Transaction ID : SA11AI.14728
	12300	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP	Administrative	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
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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) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 2012 06 29 City State Zip Code Transaction ID: SA11AI.14729 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 06 2012 City State Zip Code Transaction ID: SA11AI.14738 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 20 2012 04 City Zip Code State Transaction ID: SA11AI.14739 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation

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240.00

VP Information Technology

Aggregate Year-to-Date ▼

MVP Receipt For:

Primary

Other (specify)

General

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for each category of the Detailed Summary Page 14 13 15 16 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) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 2012 City Zip Code State Transaction ID: SA11AI.14740 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 05 18 2012 City State Zip Code Transaction ID: SA11AI.14741 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 06 01 2012 City Zip Code State Transaction ID: SA11AI.14742 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address, 28 Fax Hill Price		Date of Receipt
Mailing Address 38 Fox Hill Drive		06 15 2012
City	State Zip Code	Transaction ID : SA11AI.14743
Fairport	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	VP Information Technology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) 3. Kevin Husted		Date of Receipt
Mailing Address 38 Fox Hill Drive		06 29 _2012
City	State Zip Code	Transaction ID : SA11AI.14744
Fairport	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	VP Information Technology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) C. Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		04 06 2012
City Albany	State Zip Code NY 12208	Transaction ID : SA11AI.14752 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP Health Care	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify)	280.00	
Other (specify)	280.00	
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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) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 04 2012 20 City Zip Code State Transaction ID: SA11AI.14753 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 04 2012 City State Zip Code Transaction ID: SA11AI.14754 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 18 2012 City Zip Code State Transaction ID: SA11AI.14755 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City	State Zip Code	Date of Receipt M = M
Albany FEC ID number of contributing federal political committee. Name of Employer	NY 12208 C Occupation	Amount of Each Receipt this Period 40.00
MVP Health Care Receipt For: Primary General Other (specify) ▼	VP of Legal Affairs Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12208	Transaction ID : SA11AI.14757 Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 520.00	Transaction ID : SA11AI.14758 Amount of Each Receipt this Period 40.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Joseph Lia Date of Receipt Mailing Address 12 Sutherland Drive 04 2012 06 City Zip Code State Transaction ID: SA11AI.14817 NY Highland Mills 10930 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 04 06 2012 City State Zip Code Transaction ID: SA11AI.14818 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 20 04 2012 City Zip Code State Transaction ID: SA11AI.14819 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the 12 Detailed Summary Page 14 13 15 16 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) William V. Little Date of Receipt Mailing Address 300 Partridge Lane 04 2012 City State Zip Code Transaction ID: SA11AI.14820 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 05 18 2012 City State Zip Code Transaction ID: SA11AI.14821 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 06 01 2012 City Zip Code State Transaction ID: SA11AI.14822 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		06 15 2012
City	State Zip Code	Transaction ID : SA11AI.14823
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Service Corp.	VP Vermont	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) 3. William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		06 29 2012
City	State Zip Code	Transaction ID : SA11AI.14824
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Service Corp.	VP Vermont	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) C. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		06 01 2012
City	State Zip Code NY 14610	Transaction ID : SA11AI.14857
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page 13 14 15 16 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) Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 2012 06 15 City Zip Code State Transaction ID: SA11AI.14858 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP of Network Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 06 29 2012 City State Zip Code Transaction ID: SA11AI.14859 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP of Network Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 06 04 2012 City Zip Code State Transaction ID: SA11AI.14860 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Underwriting and Analysis MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12866 C	Date of Receipt 04 06 2012 Transaction ID : SA11AI.14861 Amount of Each Receipt this Period 30.00
MVP Health Care Receipt For: Primary General Other (specify)	VP Marketing Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City	State Zip Code	Date of Receipt 04 20 2012 Transaction ID: SA11AI.14862
Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	NY 12866 C Occupation VP Marketing	Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave	Stato Zin Codo	Date of Receipt 05 04 2012
City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 270.00	Transaction ID : SA11AI.14863 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional).	>	90.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2012 18 City State Zip Code Transaction ID: SA11AI.14864 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 06 01 2012 City State Zip Code Transaction ID: SA11AI.14865 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 06 15 2012 City State Zip Code Transaction ID: SA11AI.14866 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 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) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2012 06 29 City Zip Code State Transaction ID: SA11AI.14867 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 04 06 2012 City State Zip Code Transaction ID: SA11AI.14880 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 20 04 2012 City Zip Code State Transaction ID: SA11AI.14881 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.14882 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.14883 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive	7.0.4	06 01 2012
City Rochester	State Zip Code NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
MVP Receipt For:	VP, Business Excellence	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional).		
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14 13 15 16 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) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2012 City Zip Code State Transaction ID: SA11AI.14885 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 06 29 2012 City State Zip Code Transaction ID: SA11AI.14886 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 06 01 2012 City Zip Code State Transaction ID: SA11AI.14926 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 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) Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2012 15 City Zip Code State Transaction ID: SA11AI.14927 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 06 29 2012 City State Zip Code Transaction ID: SA11AI.14928 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 06 04 2012 City Zip Code State Transaction ID: SA11AI.14929 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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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) David Orlando Date of Receipt Mailing Address 3 Clare Castle 04 20 2012 City State Zip Code Transaction ID: SA11AI.14930 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 2012 04 City State Zip Code Transaction ID: SA11AI.14931 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 2012 05 18 City Zip Code State Transaction ID: SA11AI.14932 NY Albany 12205 Amount of Each Receipt this Period

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300.00

C

Occupation

Corp VP of Operations

Aggregate Year-to-Date ▼

30.00

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

Receipt For:

MVP Health Care, Inc.

Primary

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt
Maining Address 3 Clare Castle		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.14933
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) 3. David Orlando Mailing Address 3 Clare Castle		Date of Receipt
Joint Castle		06 15 2012
City	State Zip Code	Transaction ID : SA11AI.14934
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		06 29 2012
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.14935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional)) >	90.00
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER: PAGE 47 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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) Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 01 2012 06 City Zip Code State Transaction ID: SA11AI.14986 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP of Medicaid & Safety Net Prods. MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 06 15 2012 City State Zip Code Transaction ID: SA11AI.14987 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Medicaid & Safety Net Prods. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 06 29 2012 City Zip Code State Transaction ID: SA11AI.14988 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Medicaid & Safety Net Prods. MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt M M / D D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Clifton Park FEC ID number of contributing	State Zip Code NY 12065	Transaction ID : SA11AI.15024 Amount of Each Receipt this Period 30.00
federal political committee. Name of Employer MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	Occupation VP Underwriting Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y 04 20 2012 Transaction ID: SA11AL 15025
Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Transaction ID : SA11AI.15025 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP Underwriting Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park	State Zip Code NY 12065	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary Other (specify)	Occupation VP Underwriting Aggregate Year-to-Date ▼ 270.00	30.00
SUBTOTAL of Receipts This Page (optional).	>	90.00
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC			_			
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan				Date of	f Receipt		
	Mailing Address 24 Bluestone Ridge	0	7: 0 !		M = M 05	18	2012	
	City Clifton Park	State NY	Zip Code 12065	_			SA11AI.15027	
	FEC ID number of contributing federal political committee.	C	12003		Amount	t of Each F	Receipt this Period]
	Name of Employer	Occupation						
	MVP Health Care	VP Underwi	ritina					
	Receipt For: Primary General Other (specify)		Year-to-Date ▼	0.00				
	Other (specify)							
В.	Full Name (Last, First, Middle Initial) Thomas Ryan				Date of	f Receipt		
	Mailing Address 24 Bluestone Ridge				M = M 06	01	2012	
	City	State	Zip Code		Trans	action ID:	SA11AI.15028	
	Clifton Park	NY	12065		Amount	t of Each F	Receipt this Period	
	FEC ID number of contributing federal political committee.	C				,	30.00	
	Name of Employer MVP Health Care	Occupation VP Underwr	iting					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	0.00				
<u> </u>	Full Name (Last, First, Middle Initial) Daniel Sauer				Date of	f Receipt		
	Mailing Address 160 Fifth Avenue				M M M	/ D 06		
	City Saratoga Springs	State NY	Zip Code 12866				SA11AI.15029	
		111	12000		Amount	t of Each F	Receipt this Period	
	FEC ID number of contributing federal political committee.	С			L.	,	30.00]
	Name of Employer	Occupation						
	MVP	VP Sales						
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for each category of the Detailed Summary Page 14 13 15 16 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) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 2012 20 City State Zip Code Transaction ID: SA11AI.15030 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 04 2012 City State Zip Code Transaction ID: SA11AI.15031 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 18 2012 City Zip Code State Transaction ID: SA11AI.15032 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 51 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 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) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 01 2012 City State Zip Code Transaction ID: SA11AI.15033 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 06 15 2012 City State Zip Code Transaction ID: SA11AI.15034 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 06 29 2012 City Zip Code State Transaction ID: SA11AI.15035 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports or for commercial purposes, other than using the commercial purposes.	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt
City	State Zip Code	04 06 2012 Transaction ID : SA11AI.15106
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive	·	Date of Receipt
Walling Addices 33 Everett Drive		04 20 2012
City	State Zip Code	Transaction ID : SA11AI.15107
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	ı	Date of Receipt
Mailing Address 33 Everett Drive		05 04 2012
City Rochester	State Zip Code NY 14624	Transaction ID : SA11AI.15108
FEC ID number of contributing federal political committee.	C 14624	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation VP Sales	
MVP Receipt For:	VP, Sales	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
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FOR LINE NUMBER: PAGE 53 OF 62 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2012 18 City Zip Code State Transaction ID: SA11AI.15109 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 06 01 2012 City State Zip Code Transaction ID: SA11AI.15110 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 06 15 2012 City Zip Code State Transaction ID: SA11AI.15111 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt
City	State Zip Code	06 29 2012
Rochester	NY 14624	Transaction ID : SA11AI.15112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
Mailing Address 85 Pinehurst Place		04 06 _2012 _
City	State Zip Code	Transaction ID : SA11AI.15143
Middletown	CT 06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) C. John Vangraafeiland		Date of Receipt
Mailing Address 85 Pinehurst Place		04 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middletown	State Zip Code CT 06457	Transaction ID : SA11AI.15144
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	-
MVP	CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	110.00

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any per ame and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC .	
' '	State Zip Code CT 06457 C Occupation CIO Aggregate Year-to-Date ▼	Date of Receipt 05
M\/D	State Zip Code CT 06457 C Occupation CIO Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
MVP	State Zip Code CT 06457 C Occupation CIO Aggregate Year-to-Date ▼	Date of Receipt 06 01 2012 Transaction ID : SA11AI.15147 Amount of Each Receipt this Period 30.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code CT 06457 C Occupation CIO	Date of Receipt 06 15 2012 Transaction ID: SA11AI.15148 Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City	State Zip Code	Date of Receipt 06 29 2012 Transaction ID : SA11AI.15149
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation CIO Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive		Date of Receipt 04 06 2012
City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 210.00	Transaction ID : SA11AI.15178 Amount of Each Receipt this Period 30.00
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for each category of the Detailed Summary Page 14 13 15 16 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) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 04 20 2012 City Zip Code State Transaction ID: SA11AI.15179 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 05 04 2012 City State Zip Code Transaction ID: SA11AI.15180 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 05 18 2012 City Zip Code State Transaction ID: SA11AI.15181 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 330.00	Date of Receipt 06 01 2012 Transaction ID: SA11AI.15182 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 360.00	Date of Receipt 06 15 2012 Transaction ID: SA11AI.15183 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 390.00	Date of Receipt 06 29 2012 Transaction ID: SA11AI.15184 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (option		90.00
TOTAL This Period (last page this line nu	mber only)	6780.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 59 OF 62
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or for commercial purposes, other than using the name			
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Full Name (Last, First, Middle Initial)			
A AMERICAS HEALTH INSURANCE	PLANS PAC (AHIP	PAC)	Date of Disbursement
		,	M M / D D / Y Y Y Y
Mailing Address 601 Pennsylvania Avenue NW			06 04 2012
Suite 500 South Building	7'- 0-1-		
	tate Zip Code DC 20004		Transaction ID : SB22.15259
Washington Purpose of Disbursement	20004		
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AMERICAS HEALTH INSURANCE PLANS	PAC (AHIP PAC)	Category/ Type	5000.00
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	Primary		
	Other (specify)		
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Purpose of Disbursement			
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	Primary General		
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	Primary General		
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or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full)	and address of any p		- 10 JUNIUE OI	builONS Tre	om such C	ЭппппПСО	<u>. </u>	
MVP Health Care Inc. Federal PAC	;							
Full Name (Last, First, Middle Initial)								
A. MAGGIE BROOKS			Date of	Date of Disbursement				
Mailing Address PO BOX 18705			06	18		2012		
•	State Zip Code		T	action ID C	1B22 4F22	1		
ROCHESTER	NY 14618		Irans	action ID : S	3.1526∠ت.∠ئ	•		
Purpose of Disbursement		011	Amount	of Each Dis	sbursemen	t this Pe	eriod	
Candidate Name		Category/				450	1 0	
MAGGIE BROOKS FOR CONGRE		Type			-	1500.0	υU	
Senate President	nent For: 2012 Primary	ral						
State: NY District: 25								
Full Name (Last, First, Middle Initial)								
3. CHRIS P GIBSON			Date of	Disburseme	ent			
Mailing Address PO Box 543			06	15		2012		
•	State Zip Code		Trans	action ID : S	B23.1526	0		
	NY 12106				, 020			
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Candidate Name		Coto		D	5511101		-	
CHRIS GIBSON FOR CONGRESS	}	Category/ Type		-		1000.0	00	
Office Sought: House Disbursem Senate President	nent For: 2012 Primary Gener Other (specify)							
Full Name (Last, First, Middle Initial)								
C. FRANK GUINTA			Date of	Disburseme				
Mailing Address PO BOX 877			05	/ D D D 22		2012	Y	
City	State Zip Code							
	NH 03105		Trans	action ID : S	SB23.1525	5		
Purpose of Disbursement			1					
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Candidate Name		Category/				2500.0	00	
FRIENDS OF FRANK GUINTA Office Sought: House Disbursem	nent For: 2012	Туре			7		-	
Senate	nent For: 2012 Primary	ral						
State: District:	- - · •							
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or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
angle MVP Health Care Inc. Federal PAC	;						
Full Name (Last, First, Middle Initial)							
A. BILL NELSON			Date of Disbursement				
Mailing Address 2234 OSPREY AVE			05 2	2 2012			
City S ORLANDO	State Zip Code FL 32814		Transaction ID	: SB23.15252			
Purpose of Disbursement	32014						
		011	Amount of Each	Disbursement this Period			
Candidate Name BILL NELSON FOR U S SENATE		Category/		1000.00			
	nent For: 2012	Туре					
Senate	Primary General						
President	Other (specify) ▼						
State: FL District: 00							
Full Name (Last, First, Middle Initial) 3.			Date of Disburse	ement			
	M M / D						
Mailing Address				_			
City	State Zip Code						
·							
Purpose of Disbursement			Amount of Each	Disbursement this Period			
Candidate Name Category/							
		Type					
Office Sought: House Disbursen Senate							
	Primary General Other (specify) ▼						
State: District:	V-1: 7/ ▼						
Full Name (Last, First, Middle Initial)			B				
C.	Date of Disburse						
Mailing Address			M M / D	D / Y Y Y Y			
City	State Zip Code						
Oity	State Zip Code						
Purpose of Disbursement							
Candidate Name			Amount of Each	Disbursement this Period			
Sandidate Name		Category/ Type					
Office Sought: House Disburser				7			
Senate President	Primary General Other (specify) ▼						
State: District:	Other (specify)						
2							
SUBTOTAL of Disbursements This Page (optional)		·····	- 4	1000.00			
		<u> </u>		6000.00			
TOTAL This Period (last page this line number only)			1	6000.00			

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 62
FOR LINE NUMBER: (check only one)

	9
X	10

OF

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Check Printing Deluxe Business Checks** Mailing Address P.O. Box 742572 City State Zip Code OH Cincinnati 45274 Transaction ID: SD10.4163 Outstanding Balance Beginning This Period 145.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 145.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Advertising Media Well Done Mailing Address 96 Jay Street City State Zip Code Schenectady NY 12305 Outstanding Balance Beginning This Period Transaction ID: SD10.4165 338.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 338.00 0.00 0.00 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 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 483.00 1) SUBTOTALS This Period This Page (optional)..... 483.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 483.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)