



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		61997.34
(b) Cash on Hand at Beginning of Reporting Period.....	61997.34	
(c) Total Receipts (from Line 19) .....	16622.00	16622.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78619.34	78619.34
7. Total Disbursements (from Line 31).....	1000.00	1000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	77619.34	77619.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	483.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6220.00	6220.00
(ii) Unitemized .....	10402.00	10402.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16622.00	16622.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16622.00	16622.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	16622.00	16622.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16622.00	16622.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	1000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	1000.00

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16622.00	16622.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16622.00	16622.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 22 / 2013  
Transaction ID : SA11AI.23800  
Amount of Each Receipt this Period 60.00

**B. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 08 / 2013  
Transaction ID : SA11AI.23801  
Amount of Each Receipt this Period 60.00

**C. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 22 / 2013  
Transaction ID : SA11AI.23802  
Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 7 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 25 Carriage House La.

City State Zip Code  
 Saratoga Spgs. NY 12866

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

Name of Employer Occupation  
 MVP Health Care EVP, Network Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : SA11AI.23803**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address 25 Carriage House La.

City State Zip Code  
 Saratoga Spgs. NY 12866

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

Name of Employer Occupation  
 MVP Health Care EVP, Network Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.23804**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address 25 Carriage House La.

City State Zip Code  
 Saratoga Spgs. NY 12866

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

Name of Employer Occupation  
 MVP Health Care EVP, Network Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : SA11AI.23805**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2013  
**Transaction ID : SA11AI.23806**  
Amount of Each Receipt this Period  
60.00

**B. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2013  
**Transaction ID : SA11AI.23807**  
Amount of Each Receipt this Period  
60.00

**C. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2013  
**Transaction ID : SA11AI.23808**  
Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 25 Carriage House La.

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

Name of Employer MVP Health Care	Occupation EVP, Network Management
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : SA11AI.23809**

Amount of Each Receipt this Period  

60.00
-------

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

Mailing Address 9 Wembly Ct.

City Delmar	State NY	Zip Code 12054
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

**Transaction ID : SA11AI.23869**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 9 Wembly Ct.

City Delmar	State NY	Zip Code 12054
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : SA11AI.23870**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sue Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Wembly Ct.  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **270.00**

Date of Receipt **05 / 13 / 2013**  
**Transaction ID : SA11AI.23871**  
Amount of Each Receipt this Period **30.00**

**B. Sue Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Wembly Ct.  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 17 / 2013**  
**Transaction ID : SA11AI.23872**  
Amount of Each Receipt this Period **30.00**

**C. Sue Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Wembly Ct.  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **330.00**

Date of Receipt **05 / 31 / 2013**  
**Transaction ID : SA11AI.23873**  
Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Sue Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Wembly Ct.  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **360.00**

Date of Receipt **06 / 14 / 2013**  
**Transaction ID : SA11AI.23874**  
Amount of Each Receipt this Period **30.00**

**B. Sue Brown**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Wembly Ct.  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 28 / 2013**  
**Transaction ID : SA11AI.23875**  
Amount of Each Receipt this Period **30.00**

**C. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : SA11AI.23882**  
Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Medical Director
-------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		19		2013

**Transaction ID : SA11AI.23883**

Amount of Each Receipt this Period  
30.00

**B. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive

City Rochester	State NY	Zip Code 14618
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP Medical Director
-------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		13		2013

**Transaction ID : SA11AI.23884**

Amount of Each Receipt this Period  
30.00

**C. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive

City Rochester	State NY	Zip Code 14618
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP Medical Director
-------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		17		2013

**Transaction ID : SA11AI.23885**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2013  
Transaction ID : SA11AI.23886  
Amount of Each Receipt this Period  
30.00

**B. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2013  
Transaction ID : SA11AI.23887  
Amount of Each Receipt this Period  
30.00

**C. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2013  
Transaction ID : SA11AI.23888  
Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Laura Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2013 <b>Transaction ID : SA11AI.23970</b>
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Clinical Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Laura Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 14 / 2013 <b>Transaction ID : SA11AI.23971</b>
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Clinical Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Laura Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 28 / 2013 <b>Transaction ID : SA11AI.23972</b>
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Clinical Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

**Transaction ID : SA11AI.23978**

Amount of Each Receipt this Period  
40.00

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

**Transaction ID : SA11AI.23979**

Amount of Each Receipt this Period  
40.00

**C. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : SA11AI.23980**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City State Zip Code Liverpool NY 13090		<b>Transaction ID : SA11AI.23981</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City State Zip Code Liverpool NY 13090		<b>Transaction ID : SA11AI.23982</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City State Zip Code Liverpool NY 13090		<b>Transaction ID : SA11AI.23983</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.23984**

Amount of Each Receipt this Period  

40.00
-------

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : SA11AI.23985**

Amount of Each Receipt this Period  

40.00
-------

**C. Mark Fish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Normanskill Place

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

Name of Employer MVP Health Care	Occupation EVP, CFO
-------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2013

**Transaction ID : SA11AI.24034**

Amount of Each Receipt this Period  

60.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City State Zip Code  
 Slingerlands NY 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care EVP, CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2013  
**Transaction ID : SA11AI.24036**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City State Zip Code  
 Slingerlands NY 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care EVP, CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2013  
**Transaction ID : SA11AI.24038**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City State Zip Code  
 Slingerlands NY 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care EVP, CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013  
**Transaction ID : SA11AI.24040**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Mark Fish</b>		Date of Receipt
Mailing Address 500 Normanskill Place		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013
City	State	Zip Code
Slingerlands	NY	12159
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.24042</b>
Name of Employer MVP Health Care		Amount of Each Receipt this Period
Occupation EVP, CFO		60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	480.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>		Date of Receipt
Mailing Address 165 Windemere Road		M M M / D D D / Y Y Y Y Y Y 02 / 08 / 2013
City	State	Zip Code
Rochester	NY	14610
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.24101</b>
Name of Employer MVP		Amount of Each Receipt this Period
Occupation VP, Medicare Products		80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	240.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>		Date of Receipt
Mailing Address 165 Windemere Road		M M M / D D D / Y Y Y Y Y Y 02 / 22 / 2013
City	State	Zip Code
Rochester	NY	14610
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.24102</b>
Name of Employer MVP		Amount of Each Receipt this Period
Occupation VP, Medicare Products		80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24103</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24104</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24105</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="560.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : SA11AI.24106**

Amount of Each Receipt this Period  

80.00
-------

**B. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2013

**Transaction ID : SA11AI.24107**

Amount of Each Receipt this Period  

80.00
-------

**C. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

**Transaction ID : SA11AI.24108**

Amount of Each Receipt this Period  

80.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24109</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="880.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24110</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="960.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24111</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1040.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt  
02 / 08 / 2013  
**Transaction ID : SA11AI.24114**

Amount of Each Receipt this Period  
80.00

**B. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Date of Receipt  
02 / 22 / 2013  
**Transaction ID : SA11AI.24115**

Amount of Each Receipt this Period  
80.00

**C. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Date of Receipt  
03 / 08 / 2013  
**Transaction ID : SA11AI.24116**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Denise Gonick</b>			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24117</b>
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Denise Gonick</b>			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24118</b>
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="560.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Denise Gonick</b>			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24119</b>
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="640.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Date of Receipt  
05 / 13 / 2013  
**Transaction ID : SA11AI.24120**

Amount of Each Receipt this Period  
80.00

**B. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Date of Receipt  
05 / 17 / 2013  
**Transaction ID : SA11AI.24121**

Amount of Each Receipt this Period  
80.00

**C. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Date of Receipt  
05 / 31 / 2013  
**Transaction ID : SA11AI.24122**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Denise Gonick**  
Full Name (Last, First, Middle Initial)

Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.24123**

Amount of Each Receipt this Period  

80.00
-------

**B. Denise Gonick**  
Full Name (Last, First, Middle Initial)

Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : SA11AI.24124**

Amount of Each Receipt this Period  

80.00
-------

**C. Rosemarie Hogan**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

**Transaction ID : SA11AI.24198**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Rosemarie Hogan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		19		2013

**Transaction ID : SA11AI.24199**

Amount of Each Receipt this Period  
30.00

**B. Rosemarie Hogan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		13		2013

**Transaction ID : SA11AI.24200**

Amount of Each Receipt this Period  
30.00

**C. Rosemarie Hogan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		17		2013

**Transaction ID : SA11AI.24201**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : SA11AI.24202**  
 Amount of Each Receipt this Period  
 30.00

**B. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.24203**  
 Amount of Each Receipt this Period  
 30.00

**C. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : SA11AI.24204**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	05	/	2013

**Transaction ID : SA11AI.24224**

Amount of Each Receipt this Period  
30.00

**B. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : SA11AI.24225**

Amount of Each Receipt this Period  
30.00

**C. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2013

**Transaction ID : SA11AI.24226**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

**Transaction ID : SA11AI.24227**

Amount of Each Receipt this Period  

30.00
-------

**B. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : SA11AI.24228**

Amount of Each Receipt this Period  

30.00
-------

**C. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.24229**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive  
City Fairport State NY Zip Code 14450  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Information Technology  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 28 / 2013  
**Transaction ID : SA11AI.24230**  
Amount of Each Receipt this Period 30.00

**B. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 05 / 2013  
**Transaction ID : SA11AI.24250**  
Amount of Each Receipt this Period 30.00

**C. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : SA11AI.24251**  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**MVP Health Care Inc. Federal PAC**

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M / D D / Y Y Y Y Y
05 / 13 / 2013

**Transaction ID : SA11AI.24252**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M / D D / Y Y Y Y Y
05 / 17 / 2013

**Transaction ID : SA11AI.24253**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M / D D / Y Y Y Y Y
05 / 31 / 2013

**Transaction ID : SA11AI.24254**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

Date of Receipt **06 / 14 / 2013**  
**Transaction ID : SA11AI.24255**  
Amount of Each Receipt this Period **30.00**

**B. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **390.00**

Date of Receipt **06 / 28 / 2013**  
**Transaction ID : SA11AI.24256**  
Amount of Each Receipt this Period **30.00**

**C. William V. Little**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 Partridge Lane  
City Charlotte State VT Zip Code 05445  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Service Corp. Occupation VP Vermont  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **04 / 05 / 2013**  
**Transaction ID : SA11AI.24379**  
Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 34 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 300 Partridge Lane

City State Zip Code  
Charlotte VT 05445

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

Name of Employer Occupation  
MVP Service Corp. VP Vermont

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.24380**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 300 Partridge Lane

City State Zip Code  
Charlotte VT 05445

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

Name of Employer Occupation  
MVP Service Corp. VP Vermont

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : SA11AI.24381**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 300 Partridge Lane

City State Zip Code  
Charlotte VT 05445

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

Name of Employer Occupation  
MVP Service Corp. VP Vermont

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : SA11AI.24382**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William V. Little</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : SA11AI.24383</b>
Mailing Address 300 Partridge Lane		Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>B. William V. Little</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 <b>Transaction ID : SA11AI.24384</b>
Mailing Address 300 Partridge Lane		Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. William V. Little</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2013 <b>Transaction ID : SA11AI.24385</b>
Mailing Address 300 Partridge Lane		Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 36 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2013  
**Transaction ID : SA11AI.24448**  
 Amount of Each Receipt this Period  
 20.00

**B. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2013  
**Transaction ID : SA11AI.24449**  
 Amount of Each Receipt this Period  
 20.00

**C. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2013  
**Transaction ID : SA11AI.24450**  
 Amount of Each Receipt this Period  
 20.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Augusta Martin**

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 05 / 2013

**Transaction ID : SA11AI.24457**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Augusta Martin**

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013

**Transaction ID : SA11AI.24458**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Augusta Martin**

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013

**Transaction ID : SA11AI.24459**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Augusta Martin**

Mailing Address 457 Crescent Ave

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

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

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

**Transaction ID : SA11AI.24460**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**B. Augusta Martin**

Mailing Address 457 Crescent Ave

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

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

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : SA11AI.24461**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**C. Augusta Martin**

Mailing Address 457 Crescent Ave

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

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

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.24462**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Augusta Martin**

Mailing Address 457 Crescent Ave

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

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

Name of Employer MVP Health Care	Occupation VP Marketing
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : SA11AI.24463**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2013

**Transaction ID : SA11AI.24481**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2013

**Transaction ID : SA11AI.24482**

Amount of Each Receipt this Period  
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Laurie Metheny</b>			Date of Receipt
Mailing Address 21 Joellen Drive			<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24483</b>
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
MVP	VP, Business Excellence		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Laurie Metheny</b>			Date of Receipt
Mailing Address 21 Joellen Drive			<input type="text" value="04"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24484</b>
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
MVP	VP, Business Excellence		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Laurie Metheny</b>			Date of Receipt
Mailing Address 21 Joellen Drive			<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.24485</b>
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
MVP	VP, Business Excellence		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Laurie Metheny</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 <b>Transaction ID : SA11AI.24486</b>
Mailing Address 21 Joellen Drive		Amount of Each Receipt this Period 50.00
City Rochester	State NY	Zip Code 14626
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Laurie Metheny</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : SA11AI.24487</b>
Mailing Address 21 Joellen Drive		Amount of Each Receipt this Period 50.00
City Rochester	State NY	Zip Code 14626
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Laurie Metheny</b>		Date of Receipt MM / DD / YYYY 06 / 14 / 2013 <b>Transaction ID : SA11AI.24488</b>
Mailing Address 21 Joellen Drive		Amount of Each Receipt this Period 50.00
City Rochester	State NY	Zip Code 14626
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Richard Odorizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 East Claremond Drive  
City Voorheesville State NY Zip Code 12186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 28 / 2013  
**Transaction ID : SA11AI.24570**  
Amount of Each Receipt this Period 200.00

**B. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle  
City Albany State NY Zip Code 12205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Corp VP of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 05 / 2013  
**Transaction ID : SA11AI.24577**  
Amount of Each Receipt this Period 30.00

**C. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle  
City Albany State NY Zip Code 12205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Corp VP of Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 19 / 2013  
**Transaction ID : SA11AI.24578**  
Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Orlando</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2013 <b>Transaction ID : SA11AI.24579</b>
Mailing Address 3 Clare Castle		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Corp VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. David Orlando</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2013 <b>Transaction ID : SA11AI.24580</b>
Mailing Address 3 Clare Castle		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Corp VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. David Orlando</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2013 <b>Transaction ID : SA11AI.24581</b>
Mailing Address 3 Clare Castle		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Corp VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

**A. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.24582**

Amount of Each Receipt this Period  

30.00
-------

**B. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : SA11AI.24583**

Amount of Each Receipt this Period  

30.00
-------

**C. Jennifer Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Hemlock Drive

City Clifton Park	State NY	Zip Code 12065
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : SA11AI.24672**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer Rice</b>		Date of Receipt
Mailing Address 22 Hemlock Drive		<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clifton Park	NY	12065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
		<b>Transaction ID : SA11AI.24673</b>

Full Name (Last, First, Middle Initial) <b>B. Jennifer Rice</b>		Date of Receipt
Mailing Address 22 Hemlock Drive		<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Clifton Park	NY	12065
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
		<b>Transaction ID : SA11AI.24674</b>

Full Name (Last, First, Middle Initial) <b>C. Daniel Sauer</b>		Date of Receipt
Mailing Address 160 Fifth Avenue		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2013"/>
City	State	Zip Code
Saratoga Springs	NY	12866
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	
MVP	VP Sales	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
		<b>Transaction ID : SA11AI.24759</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 47 OF 56  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2013  
**Transaction ID : SA11AI.24760**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 13 / 2013  
**Transaction ID : SA11AI.24761**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2013  
**Transaction ID : SA11AI.24762**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
MVP VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
05 / 31 / 2013  
Transaction ID : SA11AI.24763

Amount of Each Receipt this Period  
30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
MVP VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
06 / 14 / 2013  
Transaction ID : SA11AI.24764

Amount of Each Receipt this Period  
30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code  
Saratoga Springs NY 12866

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

Name of Employer Occupation  
MVP VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
06 / 28 / 2013  
Transaction ID : SA11AI.24765

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 56  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer Occupation  
MVP VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 08 / 2013  
**Transaction ID : SA11AI.24877**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer Occupation  
MVP VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 22 / 2013  
**Transaction ID : SA11AI.24878**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer Occupation  
MVP VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
04 / 05 / 2013  
**Transaction ID : SA11AI.24879**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	19	/	2013

**Transaction ID : SA11AI.24880**

Amount of Each Receipt this Period  
50.00

**B. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	13	/	2013

**Transaction ID : SA11AI.24881**

Amount of Each Receipt this Period  
50.00

**C. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

**Transaction ID : SA11AI.24882**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : SA11AI.24883**

Amount of Each Receipt this Period  

50.00
-------

**B. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.24884**

Amount of Each Receipt this Period  

50.00
-------

**C. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

**Transaction ID : SA11AI.24885**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Peter Whitehouse</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2013 <b>Transaction ID : SA11AI.25095</b>
Mailing Address 16 Oak Hill Drive		Amount of Each Receipt this Period 30.00
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Sales Director - NH/VT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Whitehouse</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2013 <b>Transaction ID : SA11AI.25096</b>
Mailing Address 16 Oak Hill Drive		Amount of Each Receipt this Period 30.00
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Sales Director - NH/VT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Whitehouse</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 13 / 2013 <b>Transaction ID : SA11AI.25097</b>
Mailing Address 16 Oak Hill Drive		Amount of Each Receipt this Period 30.00
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Sales Director - NH/VT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2013

**Transaction ID : SA11AI.25098**

Amount of Each Receipt this Period  
30.00

**B. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : SA11AI.25099**

Amount of Each Receipt this Period  
30.00

**C. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SA11AI.25100**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 56  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

**A. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive  
City Loudon State NH Zip Code 03307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Sales Director - NH/VT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2013  
**Transaction ID : SA11AI.25101**  
Amount of Each Receipt this Period  
30.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6220.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. COLLINS FOR CONGRESS**

Mailing Address PO BOX 386

City CLARENCE State NY Zip Code 14031

Purpose of Disbursement  
Contribution

011

Candidate Name

**CHRISTOPHER C COLLINS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2013

Transaction ID : SB23.25106

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 56
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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