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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typo over the lines.	ng, type	12FE4M5	
MVP Health Care Inc. Fe	ederal PAC				
ADDRESS (number and street)	625 State Street				
Check if different					
Alexandra de California	Schenectady			NY	12305
2. FEC IDENTIFICATION NUMI	BER ▼	CITY 🛦	S	TATE 🛦	ZIP CODE ▲
C C00431429	3		NEW (N) OR	AMI (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug 2	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 2	0 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election			General (
October 15 Quarterly Report (Q3)	Report for the	e: Convention	(12C)	Special (1	2S)
January 31 Year-End Report (YE)	Ele	ection on	D D /	7 1 7 1 7 1 7	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio Report for the		G)	Runoff (30	DR) Special (30S)
Termination Report (TER)		ection on	D = D / N	/ " Y " Y " Y	in the State of
5. Covering Period 01	/ D D / Y Y Y 20	13 through	M M M	30 /	2013
certify that I have examined this I	Report and to the bes	t of my knowledge and	belief it is true	e, correct and	complete.
Type or Print Name of Treasurer	Jordan T Estey				
Signature of Treasurer Jordan T	Estey	[Electronical	y Filed] Da	ate 07	23 / 2013
NOTE: Submission of false, erroneou	s, or incomplete inform	ation may subject the per	son signing this	s Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
W	Vrite or Type Committee Name		
N	MVP Health Care Inc. Federal PA	AC	
R	Report Covering the Period: From:	01 01 2013 To	o: 06 30 / 2013
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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 TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
	This committee has qualified as a multi-	candidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

	MVP	Health	Care	Inc.	Federal	PAC
--	-----	--------	------	------	----------------	-----

R	eport Covering the Period: From: 01	/ 01 / Y Y Y Y Y Y Y Y Y TO:	06 30 / Y Y Y Y Y Y
	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(iii) TOTAL (add	10402.00	10402.00
	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
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	16622.00	16622.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
. -	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcildai Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoval Chave	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
Transfers to Affiliated/Other Party		0.00
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	1000.00	1000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	7	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Leane Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	3.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
-		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	2.22	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	3.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	1000.00
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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	16622.00	16622.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16622.00	16622.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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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	ne name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal				
Full Name (Last, First, Middle Initial) A. Karla Austen		Date of Receipt		
Mailing Address 25 Carriage House La.		02		
City	State Zip Code			
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer	Occupation			
MVP Health Care	EVP, Network Management			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	240.00			
Full Name (Last, First, Middle Initial) 3. Karla Austen		Date of Receipt		
Mailing Address 25 Carriage House La.		03 08 2013		
City	State Zip Code	Transaction ID : SA11AI.23801		
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer	Occupation			
MVP Health Care	EVP, Network Management			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) C. Karla Austen		Date of Receipt		
Mailing Address 25 Carriage House La.		03 22 _ 2013 _		
City	State Zip Code	Transaction ID : SA11AI.23802		
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	60.00		
Name of Employer	Occupation			
MVP Health Care	EVP, Network Management			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	360.00			
SUBTOTAL of Receipts This Page (optional)	•	180.00		
TOTAL This Period (last page this line numbe	r only)			

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

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ı	FOR LINE	NUMBER	: PAGE	5 7 OF	56
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 04 05 2013 City State Zip Code Transaction ID: SA11AI.23803 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 04 19 2013 City State Zip Code Transaction ID: SA11AI.23804 Saratoga Spgs. NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify)

, , , , , , , , , , , , , , , , , , ,	7 7	
Full Name (Last, First, Middle Initial) Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		05 13 2013
City	State Zip Code	Transaction ID : SA11AI.23805
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.0
Name of Employer	Occupation	
MVP Health Care	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	540.00	

SUBTOTAL of Receipts This Page (optional)	Ξ	Ξ	7	Ξ	Ξ	7	Ξ	1	80.0	0	
TOTAL This Period (last page this line number only)		_	7		Ξ	7	_		_		

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

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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

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
amig Address 25 Carriage House Ld.		05 17 2013
City	State Zip Code	Transaction ID : SA11AI.23806
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care	EVP, Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.23807
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care	EVP, Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) C. Karla Austen	·	Date of Receipt
Mailing Address 25 Carriage House La.		06 14 2013
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.23808 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line numl	per only)	

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

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or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	ral BAC	
MVP Health Care Inc. Fede	Iai FAC	
Full Name (Last, First, Middle Initial) A. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.23809
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
MVP Health Care	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	780.00	
Full Name (Last, First, Middle Initial) 3. Sue Brown	•	Date of Receipt
Mailing Address 9 Wembly Ct.		04 05 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23869
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	242.22	
Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 9 Wembly Ct.		04 19 2013
City	State Zip Code	Transaction ID : SA11AI.23870
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	040.00	
Other (specify) ▼	240.00	
CURTOTAL of Descirts This Dame (culture		120.00
SUBTUTAL of Receipts This Page (option	al)	
TOTAL This Period (last page this line nul	mber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		Date of Receipt 05 13 2013 Transaction ID: SA11AI.23871 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼ Aggrega		Date of Receipt 05 17 2013 Transaction ID: SA11AI.23872 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		Date of Receipt M M M / D J J 2013 Transaction ID : SA11Al.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)		

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 2013 06 City Zip Code State Transaction ID: SA11AI.23874 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 06 28 2013 City State Zip Code Transaction ID: SA11AI.23875 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 05 04 2013 City Zip Code State Transaction ID: SA11AI.23882 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Medical Director** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼	Transaction ID : SA11AI.23883 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) Other	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 270,00	Date of Receipt M
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00
TOTAL This Period (last page this line number	er only)	

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	and Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt
200 111101101000 21110		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.23886
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP	VP Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt
3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		06 14 _ 2013 _
City	State Zip Code	Transaction ID : SA11AI.23887
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive		06 28 2013
City Rochester	State Zip Code NY 14618	Transaction ID : SA11AI.23888
	14010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional	al)	90.00
TOTAL This Period (last page this line nur	nber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary Other (specify)	State Zip Code NY 12302 Cupation nical Pharmacist ggregate Year-to-Date ▼ 220.00	Date of Receipt 05 31 2013 Transaction ID : SA11AI.23970 Amount of Each Receipt this Period 20.00
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Cli	State Zip Code NY 12302 Coupation nical Pharmacist agregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Cli	State Zip Code NY 12302 Coupation nical Pharmacist ggregate Year-to-Date 260.00	Date of Receipt 06 28 2013 Transaction ID : SA11AI.23972 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)		

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for each category of the Detailed Summary Page	X 11	a	11b		11c		12	
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	and Statements may not be sold or used by any pering the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		03 22 2013
City	State Zip Code	Transaction ID : SA11AI.23978
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		04 05 2013
City	State Zip Code	Transaction ID : SA11AI.23979
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		04 19 2013
City	State Zip Code	Transaction ID : SA11AI.23980
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (option	al)	120.00
TOTAL This Period (last page this line nur	<u> </u>	
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		PAGE 16 OF 56
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	and Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		05 13 2013
City	State Zip Code	Transaction ID : SA11AI.23981
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) 3. Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		05 17 2013
City	State Zip Code	Transaction ID : SA11AI.23982
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP	Regional Network Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) • Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		05 31 2013
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.23983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	440.00	
SUBTOTAL of Receipts This Page (options	al)	120.00
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NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		06 14 2013
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.23984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) 3. Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		06 28 2013
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.23985 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		02 22 _ 2013 _
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.24034 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	Occupation EVP, CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	1)	140.00
TOTAL This Period (last page this line num	ber only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 03 2013 08 City State Zip Code Transaction ID: SA11AI.24036 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 03 22 2013 City State Zip Code Transaction ID: SA11AI.24038 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 05 04 2013 City State Zip Code Transaction ID: SA11AI.24040 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 04 2013 19 City State Zip Code Transaction ID: SA11AI.24042 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 80 2013 City State Zip Code Transaction ID: SA11AI.24101 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 22 2013 City Zip Code State Transaction ID: SA11AI.24102 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt
		03 08 7 2013
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.24103 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP Receipt For: Primary General	Occupation VP, Medicare Products Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	400.00	
Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt M = M
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.24104 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		04 05 _ 2013 _
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.24105 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number	only)	

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TOTAL This Period (last page this line number only)				

800.00

Primary

Other (specify)

General

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2013 31 City Zip Code State Transaction ID: SA11AI.24109 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 14 06 2013 City State Zip Code Transaction ID: SA11AI.24110 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 28 06 2013 City Zip Code State Transaction ID: SA11AI.24111 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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A NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2013 08 City State Zip Code Transaction ID: SA11AI.24114 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 22 2013 City State Zip Code Transaction ID: SA11AI.24115 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella M M / 80 03 2013 City State Zip Code Transaction ID: SA11AI.24116 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2013 03 City Zip Code State Transaction ID: SA11AI.24117 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 05 2013 City State Zip Code Transaction ID: SA11AI.24118 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 19 2013 City Zip Code State Transaction ID: SA11AI.24119 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2013 City Zip Code State Transaction ID: SA11AI.24120 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 17 05 2013 City State Zip Code Transaction ID: SA11AI.24121 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 31 2013 City Zip Code State Transaction ID: SA11AI.24122 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt
Mailing Address 803 Via Marchella		06 14 2013
City	State Zip Code	Transaction ID : SA11AI.24123
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	960.00	
Full Name (Last, First, Middle Initial) 3. Denise Gonick	•	Date of Receipt
Mailing Address 803 Via Marchella		06 28 _2013 _
City	State Zip Code	Transaction ID : SA11AI.24124
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1040.00	
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan	1	Date of Receipt
Mailing Address 45 Crestwood Drive		M = M / D = D / Y = Y = Y = Y = Q = Q = Q = Q = Q = Q =
City	State Zip Code	Transaction ID : SA11AI.24198
Schenectady	NY 12306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP	Administrative	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)		190.00
TOTAL This Period (last page this line numbe	r only)	

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 04 2013 City Zip Code State Transaction ID: SA11AI.24199 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 05 13 2013 City State Zip Code Transaction ID: SA11AI.24200 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 17 05 2013 City Zip Code State Transaction ID: SA11AI.24201 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive		Date of Receipt
City Schenectady	State Zip Code NY 12306	05 31 2013 Transaction ID : SA11AI.24202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrative Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12306	Transaction ID : SA11AI.24203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive	7. 6	06 28 2013
City Schenectady	State Zip Code NY 12306	Transaction ID : SA11Al.24204 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Administrative	_
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	>	90.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 05 2013 City Zip Code State Transaction ID: SA11AI.24224 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 19 2013 City State Zip Code Transaction ID: SA11AI.24225 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 05 13 2013 City Zip Code State Transaction ID: SA11AI.24226 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER: PAGE 31 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2013 06 28 City Zip Code State Transaction ID: SA11AI.24230 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 04 05 2013 City State Zip Code Transaction ID: SA11AI.24250 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 04 19 2013 City Zip Code State Transaction ID: SA11AI.24251 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2013 City Zip Code State Transaction ID: SA11AI.24252 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 17 2013 City State Zip Code Transaction ID: SA11AI.24253 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 31 2013 City Zip Code State Transaction ID: SA11AI.24254 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 33 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2013 06 City Zip Code State Transaction ID: SA11AI.24255 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 06 28 2013 City State Zip Code Transaction ID: SA11AI.24256 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 05 04 2013 City State Zip Code Transaction ID: SA11AI.24379 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) William V. Little Date of Receipt Mailing Address 300 Partridge Lane 04 2013 City State Zip Code Transaction ID: SA11AI.24380 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 05 13 2013 City State Zip Code Transaction ID: SA11AI.24381 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 17 05 2013 City Zip Code State Transaction ID: SA11AI.24382 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s)	(check only one)	PAGE
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pers g the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.24383
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Service Corp.	VP Vermont	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 330.00	
Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		06 14 2013
City Charlotte	State Zip Code VT 05445	Transaction ID : SA11AI.24384
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 300 Partridge Lane		06 28 2013
City Charlotte	State Zip Code VT 05445	Transaction ID : SA11AI.24385
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	
MVP Service Corp.	VP Vermont	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (options	al)	90.00
TOTAL This Period (last page this line nur	nher only)	

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r for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee t	
MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.24448
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	. 199. 199. 10 10 10 10 10 1	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon	•	Date of Receipt
Mailing Address 1330 Park Avenue		06 14 2013
City	State Zip Code	Transaction ID : SA11AI.24449
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General	040.00	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		06 28 _2013 _
City	State Zip Code	Transaction ID : SA11AI.24450
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP Service Corp.	VP of Network Operations	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optiona	· II)	60.00
age (optional		
TOTAL This Period (last page this line num	nber only)	

FOR LINE NUMBER: PAGE 37 OF 56 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 04 05 2013 City State Zip Code Transaction ID: SA11AI.24457 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Marketing **MVP Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 04 19 2013 City Zip Code State Transaction ID: SA11AI.24458 NY 12866 Saratoga Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing

Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	, 240.00	
Full Name (Last, First, Middle Initial) C. Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		05 13 2013
City	State Zip Code	Transaction ID : SA11AI.24459
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	VP Marketing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	270.00	

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

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

90.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 38 OF 56 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2013 City State Zip Code Transaction ID: SA11AI.24460 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 05 31 2013 City State Zip Code Transaction ID: SA11AI.24461 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 06 14 2013 City State Zip Code Transaction ID: SA11AI.24462 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 39 OF 56

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	AC	
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼	Date of Receipt M M M / D 28 2013 Transaction ID: SA11AI.24463 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify) General Other	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 250.00	Date of Receipt 03 08 2013 Transaction ID: SA11Al.24481 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼	Date of Receipt 03 22 2013 Transaction ID : SA11Al.24482 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional)	·	130.00
TOTAL This Period (last page this line number or	nlv)	

FOR LINE NUMBER: PAGE 40 OF 56 Use separate schedule(s) for each category of the Detailed Summary Page

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IPAC	
	Date of Receipt
	04 05 2013
State Zip Code	Transaction ID : SA11AI.24483
in y 14626	_ Amount of Each Receipt this Period
С	50.00
Occupation	†
VP, Business Excellence	
Aggregate Year-to-Date ▼	
350.00	
	Date of Receipt
	04 19 / 2013
State Zip Code	Transaction ID : SA11AI.24484
14026	Amount of Each Receipt this Period
С	50.00
Occupation	1
VP, Business Excellence	
Aggregate Year-to-Date ▼	
400.00	
	Date of Receipt
	05 13 2013
State Zip Code	Transaction ID : SA11AI.24485
NY 14626	Amount of Each Receipt this Period
C	50.00
Occupation	†
VP, Business Excellence	
Aggregate Year-to-Date ▼	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2013 City Zip Code State Transaction ID: SA11AI.24486 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 05 31 2013 City State Zip Code Transaction ID: SA11AI.24487 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 06 14 2013 City Zip Code State Transaction ID: SA11AI.24488 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 42 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2013 06 28 City Zip Code State Transaction ID: SA11AI.24489 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 05 31 2013 City State Zip Code Transaction ID: SA11AI.24568 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 06 14 2013 City Zip Code State Transaction ID: SA11AI.24569 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2013 06 28 City Zip Code State Transaction ID: SA11AI.24570 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 04 05 2013 City State Zip Code Transaction ID: SA11AI.24577 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 04 19 2013 City Zip Code State Transaction ID: SA11AI.24578 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 44 OF (check only one) X 11a 11b 11c

56 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 2013 City Zip Code State Transaction ID: SA11AI.24579 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 17 2013 City State Zip Code Transaction ID: SA11AI.24580 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 31 2013 City Zip Code State Transaction ID: SA11AI.24581 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 45 OF 56 Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any per- ig the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		06 14 2013
City	State Zip Code NY 12205	Transaction ID : SA11AI.24582
Albany	141 1220	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	7
MVP Health Care	Corp VP of Operations	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		06 28 2013
City	State Zip Code	Transaction ID: SA11AI.24583
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	†
MVP Health Care	Corp VP of Operations	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		05 31 2013
City	State Zip Code	Transaction ID : SA11AI.24672
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	j
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SURTOTAL of Receipts This Page (aptions	al)	80.00
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EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 13 14 14	11c 12 15 16	17			
y information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							

An or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 2013 06 City State Zip Code Transaction ID: SA11AI.24673 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Medicaid & Safety Net Prods. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 06 28 2013 City State Zip Code Transaction ID: SA11AI.24674 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Medicaid & Safety Net Prods. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 04 2013 City State Zip Code Transaction ID: SA11AI.24759 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 47 OF 56 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 2013 City State Zip Code Transaction ID: SA11AI.24760 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 13 2013 City State Zip Code Transaction ID: SA11AI.24761 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 17 05 2013 City Zip Code State Transaction ID: SA11AI.24762 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

48 OF 56 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2013 31 City State Zip Code Transaction ID: SA11AI.24763 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 06 2013 14 Zip Code City State Transaction ID: SA11AI.24764 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General

Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.24765
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP	VP Sales	
Receipt For: Primary General	Aggregate Year-to-Date ▼	-
Other (specify)	390.00	

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

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

90.00

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

49 OF 56 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2013 03 08 City Zip Code State Transaction ID: SA11AI.24877 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 03 22 2013 City State Zip Code Transaction ID: SA11AI.24878 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 05 04 2013 City Zip Code State Transaction ID: SA11AI.24879 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

- 9

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

	FOR LINE NUMBER: PAGE 50							OF		
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		13		14		15		16		

56

	nd Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City	State Zip Code	Date of Receipt O4 19 2013 Transaction ID: SA11AI.24880
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 400.00	Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester	State Zip Code NY 14624	Date of Receipt M M
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) Other	Occupation VP, Sales Aggregate Year-to-Date ▼ 450.00	Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional) >	150.00
TOTAL This Period (last page this line number	ber only)	

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

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Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
MVP Health Care Inc. Federal P	AC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		05 31 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>
City	State Zip Code	Transaction ID : SA11AI.24883
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	550.00	
Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	06 14 2013 Transaction ID : SA11AI.24884
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	50.00
Name of Employer	Occupation	
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		06 28 2013
City	State Zip Code	Transaction ID : SA11AI.24885
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	650.00	
SUBTOTAL of Receipts This Page (optional)		150.00
TOTAL This Period (last page this line number o	nly)	

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

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Any information copied from such Reports and Si or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal F	AU			
Full Name (Last, First, Middle Initial) Peter Whitehouse	Peter Whitehouse			
Mailing Address 16 Oak Hill Drive		04		
City	State Zip Code	Transaction ID : SA11AI.25095		
Loudon	NH 03307	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	30.00		
Name of Employer	Occupation			
MVP Health Care	Sales Director - NH/VT			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	212.22			
Other (specify) ▼	210.00			
Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt		
Mailing Address 16 Oak Hill Drive		04 19 2013 _		
City	State Zip Code	Transaction ID : SA11AI.25096		
Loudon	NH 03307	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	30.00		
Name of Employer	Occupation			
MVP Health Care	Sales Director - NH/VT			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	240.00			
Full Name (Last, First, Middle Initial) C. Peter Whitehouse		Date of Receipt		
Mailing Address 16 Oak Hill Drive	05 13 _2013 _			
City	State Zip Code	Transaction ID : SA11AI.25097		
Loudon	NH 03307	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation			
MVP Health Care	Sales Director - NH/VT			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	270.00			
SUBTOTAL of Receipts This Page (optional)		90.00		
TOTAL This Period (last page this line number of	only)			

FOR LINE NUMBER: PAGE 53 OF 56 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2013 City Zip Code State Transaction ID: SA11AI.25098 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 05 31 2013 City State Zip Code Transaction ID: SA11AI.25099 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 14 2013 City Zip Code State Transaction ID: SA11AI.25100 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 54 OF (check only one) X 11a 11b 11c

56 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2013 06 28 City Zip Code State Transaction ID: SA11AI.25101 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 6220.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Has consists schodule(s) FOR LINE N		NUMBER: PAGE 55 OF 56		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	,		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem	nents may not be sold or us	ed by any perso	on for the purpose	of soliciting contributions	
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
MVP Health Care Inc. Federal PAC	,				
Full Name (Last, First, Middle Initial)					
COLLINS FOR CONGRESS			Date of Disburs	sement	
Matter Address BO DOVICE		M M / D D / Y Y Y Y Y			
Mailing Address PO BOX 386		02	27 2013		
City	State Zip Code		T	D 0000 05400	
CLARENCE	NY 14031		Transaction I	D : SB23.25106	
Purpose of Disbursement Contribution		011	Amount of Eac	h Disbursement this Period	
Candidate Name		Category/			
CHRISTOPHER C COLLINS		Type		1000.00	
	nent For: 2014				
	Primary General Other (specify) ▼				
State: NY District: 27	Cities (opeony)				
Full Name (Last, First, Middle Initial)					
В.					
Mailing Address	Ma Tana Addison				
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
r dipose of bisbursement			Amount of Eac	h Disbursement this Period	
Candidate Name		Category/			
		Type			
Office Sought: House Disbursem					
	Primary General Other (specify) ▼				
State: District:	Office (Specify)				
Full Name (Last, First, Middle Initial)					
C.	Date of Disbursement				
Mailing Address	M = M / D	D / Y Y Y Y			
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
			Amount of Eac	h Disbursement this Period	
Candidate Name	Category/				
01.		Type	,		
Office Sought: House Disbursen Senate	nent For: Primary General				
	Other (specify)				
State: District:	· · · · · · · · · · · · · · · · · · ·				
SUBTOTAL of Disbursements This Page (optional)		······		1000.00	
TOTAL This Period (last page this line number only)				1000.00	
TOTAL This Period (last page this line number only).			1 1 1 20	1 1 40 1 1 40 1	

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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X	10

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56 OF

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