



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		64574.34
(b) Cash on Hand at Beginning of Reporting Period.....	56087.34	
(c) Total Receipts (from Line 19) .....	4218.00	39231.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	60305.34	103805.34
7. Total Disbursements (from Line 31).....	1500.00	45000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	58805.34	58805.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	483.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3420.00	21780.00
(ii) Unitemized .....	798.00	17451.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4218.00	39231.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4218.00	39231.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4218.00	39231.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4218.00	39231.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	45000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1500.00	45000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	45000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4218.00	39231.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4218.00	39231.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Nancy Arena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir., Acct. Mgmt. & Broker Admin.
-------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.16977**

Amount of Each Receipt this Period  

10.00
-------

**B. Nancy Arena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Dir., Acct. Mgmt. & Broker Admin.
-------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.16978**

Amount of Each Receipt this Period  

10.00
-------

**C. Nancy Arena**  
Full Name (Last, First, Middle Initial)  
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Dir., Acct. Mgmt. & Broker Admin.
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.16979**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012  
**Transaction ID : SA11AI.16980**  
Amount of Each Receipt this Period  
60.00

**B. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : SA11AI.16981**  
Amount of Each Receipt this Period  
60.00

**C. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.16982**  
Amount of Each Receipt this Period  
60.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Sue Brown**  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **820.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**  
**Transaction ID : SA11AI.16998**  
 Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. Sue Brown**  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 02 / 2012**  
**Transaction ID : SA11AI.16999**  
 Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Sue Brown**  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2012**  
**Transaction ID : SA11AI.17000**  
 Amount of Each Receipt this Period  
**30.00**

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



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

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

FOR LINE NUMBER: PAGE 9 OF 54  
(check only one)

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

**A. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **10 / 19 / 2012**  
**Transaction ID : SA11AI.17001**  
Amount of Each Receipt this Period **30.00**

**B. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **270.00**

Date of Receipt **11 / 02 / 2012**  
**Transaction ID : SA11AI.17002**  
Amount of Each Receipt this Period **30.00**

**C. Carl Cameron**  
Full Name (Last, First, Middle Initial)  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 16 / 2012**  
**Transaction ID : SA11AI.17003**  
Amount of Each Receipt this Period **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Justin Carangelo</b>		Date of Receipt
Mailing Address 2022 Fairlawn Pkwy		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Niskayuna	NY	12309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.17004</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Sr. Associate Counsel	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Justin Carangelo</b>		Date of Receipt
Mailing Address 2022 Fairlawn Pkwy		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Niskayuna	NY	12309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.17005</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Sr. Associate Counsel	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Justin Carangelo</b>		Date of Receipt
Mailing Address 2022 Fairlawn Pkwy		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Niskayuna	NY	12309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.17006</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Sr. Associate Counsel	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Wendy Colin**  
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11Al.17013**

Amount of Each Receipt this Period  

10.00
-------

**B. Wendy Colin**  
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director of Pharmacy
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11Al.17014**

Amount of Each Receipt this Period  

10.00
-------

**C. Wendy Colin**  
Full Name (Last, First, Middle Initial)

Mailing Address 985 Victor Road

City Macedon	State NY	Zip Code 14502
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director of Pharmacy
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.17015**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jeffrey Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 625 State Street

City Schenectady	State NY	Zip Code 12305
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Dir. Of Prod. Strategy/Mkt Research
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11Al.17016**

Amount of Each Receipt this Period  

10.00
-------

**B. Jeffrey Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 625 State Street

City Schenectady	State NY	Zip Code 12305
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Dir. Of Prod. Strategy/Mkt Research
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11Al.17017**

Amount of Each Receipt this Period  

10.00
-------

**C. Jeffrey Cooper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 625 State Street

City Schenectady	State NY	Zip Code 12305
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Dir. Of Prod. Strategy/Mkt Research
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.17018**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Laura Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : SA11AI.17022</b>
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Clinical Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. Laura Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 <b>Transaction ID : SA11AI.17023</b>
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Clinical Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Laura Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.17024</b>
Mailing Address 212 Meriline Ave.		Amount of Each Receipt this Period 20.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Clinical Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City Liverpool State NY Zip Code 13090		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.17025</b>
Name of Employer MVP Occupation Regional Network Director		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="40.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="840.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City Liverpool State NY Zip Code 13090		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.17026</b>
Name of Employer MVP Occupation Regional Network Director		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="40.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="880.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City Liverpool State NY Zip Code 13090		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.17027</b>
Name of Employer MVP Occupation Regional Network Director		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="40.00"/>
Aggregate Year-to-Date ▼ <input type="text" value="920.00"/>		

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

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

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

FOR LINE NUMBER: PAGE 15 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11AI.17034**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 880.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.17035**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.17036**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 54  
(check only one)

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

**A. Kathleen Fish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Normanskill Place  
City Slingerlands State NY Zip Code 12159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Administrative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012  
**Transaction ID : SA11AI.17040**  
Amount of Each Receipt this Period  
10.00

**B. Kathleen Fish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Normanskill Place  
City Slingerlands State NY Zip Code 12159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Administrative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : SA11AI.17041**  
Amount of Each Receipt this Period  
10.00

**C. Kathleen Fish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Normanskill Place  
City Slingerlands State NY Zip Code 12159  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Administrative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.17042**  
Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mark Fish</b>		Date of Receipt
Mailing Address 500 Normanskill Place		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Slingerlands NY 12159		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17043</b>
Name of Employer Occupation MVP Health Care EVP, CFO		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="60.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="1260.00"/>

Full Name (Last, First, Middle Initial) <b>B. Mark Fish</b>		Date of Receipt
Mailing Address 500 Normanskill Place		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Slingerlands NY 12159		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17044</b>
Name of Employer Occupation MVP Health Care EVP, CFO		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="60.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="1320.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mark Fish</b>		Date of Receipt
Mailing Address 500 Normanskill Place		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City State Zip Code Slingerlands NY 12159		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.17045</b>
Name of Employer Occupation MVP Health Care EVP, CFO		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="60.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="1380.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dominic Galante**  
Full Name (Last, First, Middle Initial)  
Mailing Address 220 Alexander Street  
City Rochester State NY Zip Code 14607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP Medical Quality Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : SA11AI.17055**  
Amount of Each Receipt this Period 40.00

**B. Dominic Galante**  
Full Name (Last, First, Middle Initial)  
Mailing Address 220 Alexander Street  
City Rochester State NY Zip Code 14607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP Medical Quality Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 02 / 2012  
**Transaction ID : SA11AI.17056**  
Amount of Each Receipt this Period 40.00

**C. Dominic Galante**  
Full Name (Last, First, Middle Initial)  
Mailing Address 220 Alexander Street  
City Rochester State NY Zip Code 14607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP Medical Quality Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.17057**  
Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Gauci**

Mailing Address 329 Mohawk Ave  
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2012  
**Transaction ID : SA11AI.17058**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Michael Gauci**

Mailing Address 329 Mohawk Ave  
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : SA11AI.17059**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**C. Michael Gauci**

Mailing Address 329 Mohawk Ave  
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.17060**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 165 Windemere Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1680.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2012

**Transaction ID : SA11AI.17064**

Amount of Each Receipt this Period  
80.00

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

Mailing Address 165 Windemere Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1760.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		02		2012

**Transaction ID : SA11AI.17065**

Amount of Each Receipt this Period  
80.00

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

Mailing Address 165 Windemere Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1840.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2012

**Transaction ID : SA11AI.17066**

Amount of Each Receipt this Period  
80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Denise Gonick</b>		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.17067</b>
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1530.00"/>	<input type="text" value="80.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Denise Gonick</b>		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.17068</b>
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1610.00"/>	<input type="text" value="80.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Denise Gonick</b>		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>SA11Al.17069</b>
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1690.00"/>	<input type="text" value="80.00"/>
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Michael Greppo**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Overlook Lane

City Duanesburg	State NY	Zip Code 12056
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation IT Ombudsman
-------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11Al.17070**

Amount of Each Receipt this Period  

10.00
-------

**B. Michael Greppo**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Overlook Lane

City Duanesburg	State NY	Zip Code 12056
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation IT Ombudsman
-------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11Al.17071**

Amount of Each Receipt this Period  

10.00
-------

**c. Michael Greppo**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Overlook Lane

City Duanesburg	State NY	Zip Code 12056
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation IT Ombudsman
-------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.17072**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 23 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11AI.17082**  
 Amount of Each Receipt this Period  
 30.00

**B. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.17083**  
 Amount of Each Receipt this Period  
 30.00

**C. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.17084**  
 Amount of Each Receipt this Period  
 30.00

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

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

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

FOR LINE NUMBER: PAGE 24 OF 54  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Kevin Husted**

Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17088**

Amount of Each Receipt this Period  

30.00
-------

Full Name (Last, First, Middle Initial)  
**B. Kevin Husted**

Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17089**

Amount of Each Receipt this Period  

30.00
-------

Full Name (Last, First, Middle Initial)  
**C. Kevin Husted**

Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17090**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Dawn Jablonski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : SA11AI.17094</b>
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) <b>B. Dawn Jablonski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 <b>Transaction ID : SA11AI.17095</b>
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	

Full Name (Last, First, Middle Initial) <b>C. Dawn Jablonski</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.17096</b>
Mailing Address 213 Hansen Ave		Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12208
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Linda Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2707 Clover St.  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2012  
**Transaction ID : SA11AI.17100**  
Amount of Each Receipt this Period  
10.00

**B. Linda Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2707 Clover St.  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : SA11AI.17101**  
Amount of Each Receipt this Period  
10.00

**C. Linda Johnson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2707 Clover St.  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.17102**  
Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Barbara Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 848 DeCamp Avenue

City Schenectady	State NY	Zip Code 12309
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11Al.17118**

Amount of Each Receipt this Period  
10.00

**B. Barbara Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 848 DeCamp Avenue

City Schenectady	State NY	Zip Code 12309
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11Al.17119**

Amount of Each Receipt this Period  
10.00

**C. Barbara Leonard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 848 DeCamp Avenue

City Schenectady	State NY	Zip Code 12309
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.17120**

Amount of Each Receipt this Period  
10.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 54  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11Al.17121**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11Al.17122**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 300 Partridge Lane

City Charlotte	State VT	Zip Code 05445
-------------------	-------------	-------------------

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

Name of Employer MVP Service Corp.	Occupation VP Vermont
---------------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11Al.17123**

Amount of Each Receipt this Period  

30.00
-------

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

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

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

FOR LINE NUMBER: PAGE 29 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 19 / 2012  
**Transaction ID : SA11AI.17136**  
 Amount of Each Receipt this Period 20.00

**B. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 02 / 2012  
**Transaction ID : SA11AI.17137**  
 Amount of Each Receipt this Period 20.00

**C. Mr. Matthew J. Mackinnon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1330 Park Avenue  
 City Rochester State NY Zip Code 14610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP of Network Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 16 / 2012  
**Transaction ID : SA11AI.17138**  
 Amount of Each Receipt this Period 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : SA11AI.17139**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11AI.17140**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2012**

**Transaction ID : SA11AI.17141**

Amount of Each Receipt this Period  
**30.00**

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

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

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

FOR LINE NUMBER: PAGE 31 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11Al.17145**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11Al.17146**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.17147**

Amount of Each Receipt this Period  
 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Donna Michele**

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11Al.17148**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Donna Michele**

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11Al.17149**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Donna Michele**

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.17150**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Peter Molloy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : SA11Al.17151</b>
Mailing Address 84 York Ave.		Amount of Each Receipt this Period 10.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Dir. Of Strategic Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Molloy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 <b>Transaction ID : SA11Al.17152</b>
Mailing Address 84 York Ave.		Amount of Each Receipt this Period 10.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Dir. Of Strategic Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Molloy</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11Al.17153</b>
Mailing Address 84 York Ave.		Amount of Each Receipt this Period 10.00
City Saratoga Spgs.	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care	Occupation Dir. Of Strategic Accounts
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

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

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

FOR LINE NUMBER: PAGE 34 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Richard Odorizzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 East Claremond Drive  
 City State Zip Code  
 Voorheesville NY 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Director of Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11AI.17166**  
 Amount of Each Receipt this Period  
 20.00

**B. Richard Odorizzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 East Claremond Drive  
 City State Zip Code  
 Voorheesville NY 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Director of Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.17167**  
 Amount of Each Receipt this Period  
 20.00

**C. Richard Odorizzi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 East Claremond Drive  
 City State Zip Code  
 Voorheesville NY 12186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Director of Finance  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.17168**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11Al.17169**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11Al.17170**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.17171**

Amount of Each Receipt this Period  
**30.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Everett Patterson</b>			Date of Receipt
Mailing Address 1 Summit Ct., Ste 200			<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Fishkill	State NY	Zip Code 12524	<b>Transaction ID : SA11Al.17172</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period
Name of Employer MVP Health Care			<input type="text" value="10.00"/>
Occupation Dir. Of Sales-East Region			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Everett Patterson</b>			Date of Receipt
Mailing Address 1 Summit Ct., Ste 200			<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Fishkill	State NY	Zip Code 12524	<b>Transaction ID : SA11Al.17173</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period
Name of Employer MVP Health Care			<input type="text" value="10.00"/>
Occupation Dir. Of Sales-East Region			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Everett Patterson</b>			Date of Receipt
Mailing Address 1 Summit Ct., Ste 200			<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Fishkill	State NY	Zip Code 12524	<b>Transaction ID : SA11Al.17174</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period
Name of Employer MVP Health Care			<input type="text" value="10.00"/>
Occupation Dir. Of Sales-East Region			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="230.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Donald Rahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting
-------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17181**

Amount of Each Receipt this Period  

10.00
-------

**B. Donald Rahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting
-------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17182**

Amount of Each Receipt this Period  

10.00
-------

**C. Donald Rahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting
-------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17183**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Christopher Reiss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : SA11AI.17184</b>
Mailing Address 5 Rockwood Drive		Amount of Each Receipt this Period 10.00
City Newburgh	State NY	Zip Code 12550
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher Reiss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 <b>Transaction ID : SA11AI.17185</b>
Mailing Address 5 Rockwood Drive		Amount of Each Receipt this Period 10.00
City Newburgh	State NY	Zip Code 12550
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Christopher Reiss</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11AI.17186</b>
Mailing Address 5 Rockwood Drive		Amount of Each Receipt this Period 10.00
City Newburgh	State NY	Zip Code 12550
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

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

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

FOR LINE NUMBER: PAGE 39 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Jennifer Rice**  
 Mailing Address 22 Hemlock Drive  
 City State Zip Code  
 Clifton Park NY 12065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11Al.17190**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Jennifer Rice**  
 Mailing Address 22 Hemlock Drive  
 City State Zip Code  
 Clifton Park NY 12065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11Al.17191**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Jennifer Rice**  
 Mailing Address 22 Hemlock Drive  
 City State Zip Code  
 Clifton Park NY 12065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care, Inc. VP of Medicaid & Safety Net Prods.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11Al.17192**  
 Amount of Each Receipt this Period  
 20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Aneli Rivera-Platt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 215 Dunrovin Lane

City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation HR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 19 / 2012  
**Transaction ID : SA11AI.17196**

Amount of Each Receipt this Period  
10.00

**B. Aneli Rivera-Platt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 215 Dunrovin Lane

City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation HR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 02 / 2012  
**Transaction ID : SA11AI.17197**

Amount of Each Receipt this Period  
10.00

**C. Aneli Rivera-Platt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 215 Dunrovin Lane

City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation HR Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 16 / 2012  
**Transaction ID : SA11AI.17198**

Amount of Each Receipt this Period  
10.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Sauer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012
Mailing Address 160 Fifth Avenue		<b>Transaction ID : SA11AI.17211</b>
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer MVP	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Sauer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012
Mailing Address 160 Fifth Avenue		<b>Transaction ID : SA11AI.17212</b>
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer MVP	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Sauer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012
Mailing Address 160 Fifth Avenue		<b>Transaction ID : SA11AI.17213</b>
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 30.00	
Name of Employer MVP	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Diane Soehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 Stonefield Place

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer MVP Health Care Occupation Director Medical Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 19 / 2012**

**Transaction ID : SA11AI.17229**

Amount of Each Receipt this Period  
**10.00**

**B. Diane Soehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 Stonefield Place

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer MVP Health Care Occupation Director Medical Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**11 / 02 / 2012**

**Transaction ID : SA11AI.17230**

Amount of Each Receipt this Period  
**10.00**

**C. Diane Soehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 Stonefield Place

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer MVP Health Care Occupation Director Medical Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
**11 / 16 / 2012**

**Transaction ID : SA11AI.17231**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 684 Macelroy Road

City State Zip Code  
Ballston Spa NY 12019

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

Name of Employer Occupation  
MVP Pharmacy Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11AI.17238**

Amount of Each Receipt this Period  
 10.00

**B. David Stitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 684 Macelroy Road

City State Zip Code  
Ballston Spa NY 12019

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

Name of Employer Occupation  
MVP Pharmacy Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.17239**

Amount of Each Receipt this Period  
 10.00

**C. David Stitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 684 Macelroy Road

City State Zip Code  
Ballston Spa NY 12019

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

Name of Employer Occupation  
MVP Pharmacy Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.17240**

Amount of Each Receipt this Period  
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17241**

Amount of Each Receipt this Period  
50.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17242**

Amount of Each Receipt this Period  
50.00

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17243**

Amount of Each Receipt this Period  
50.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 45 OF 54
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. Douglas Tucker**

Mailing Address 10 Braniff Drive

City	State	Zip Code
Camillus	NY	13031

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

Name of Employer	Occupation
MVP	Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : SA11AI.17250**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Douglas Tucker**

Mailing Address 10 Braniff Drive

City	State	Zip Code
Camillus	NY	13031

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

Name of Employer	Occupation
MVP	Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11AI.17251**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Douglas Tucker**

Mailing Address 10 Braniff Drive

City	State	Zip Code
Camillus	NY	13031

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

Name of Employer	Occupation
MVP	Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012

**Transaction ID : SA11AI.17252**

Amount of Each Receipt this Period  
 10.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 54  
(check only one)

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

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

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

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

Mailing Address 85 Pinehurst Place

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation CIO
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17253**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 85 Pinehurst Place

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation CIO
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17254**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 85 Pinehurst Place

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation CIO
-------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17255**

Amount of Each Receipt this Period  

30.00
-------

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

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

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

FOR LINE NUMBER: PAGE 47 OF 54  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Rico Viscusi**

Mailing Address 234 Autumn Run

City State Zip Code  
 Schenectady NY 12306

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

Name of Employer Occupation  
 MVP Health Care Dir. Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2012  
**Transaction ID : SA11AI.17259**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Rico Viscusi**

Mailing Address 234 Autumn Run

City State Zip Code  
 Schenectady NY 12306

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

Name of Employer Occupation  
 MVP Health Care Dir. Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2012  
**Transaction ID : SA11AI.17260**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Rico Viscusi**

Mailing Address 234 Autumn Run

City State Zip Code  
 Schenectady NY 12306

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

Name of Employer Occupation  
 MVP Health Care Dir. Internal Audit

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 16 / 2012  
**Transaction ID : SA11AI.17261**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Matthew Walkuski**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2012

**Transaction ID : SA11AI.17262**

Amount of Each Receipt this Period  

10.00
-------

**B. Matthew Walkuski**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		02		2012

**Transaction ID : SA11AI.17263**

Amount of Each Receipt this Period  

10.00
-------

**C. Matthew Walkuski**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		16		2012

**Transaction ID : SA11AI.17264**

Amount of Each Receipt this Period  

10.00
-------

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17268**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17269**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17270**

Amount of Each Receipt this Period  

30.00
-------

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

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

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

FOR LINE NUMBER: PAGE 50 OF 54  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. Joseph Wild**

Mailing Address 2040 Mill Road

City West Falls	State NY	Zip Code 14170
--------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Sales Director
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17271**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. Joseph Wild**

Mailing Address 2040 Mill Road

City West Falls	State NY	Zip Code 14170
--------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Sales Director
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17272**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**C. Joseph Wild**

Mailing Address 2040 Mill Road

City West Falls	State NY	Zip Code 14170
--------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Sales Director
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17273**

Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jane Wisner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director Communications
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2012

**Transaction ID : SA11AI.17277**

Amount of Each Receipt this Period  
10.00

**B. Jane Wisner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director Communications
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2012

**Transaction ID : SA11AI.17278**

Amount of Each Receipt this Period  
10.00

**C. Jane Wisner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Director Communications
-------------------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	16	/	2012

**Transaction ID : SA11AI.17279**

Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 54
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Gale Zdunczyk</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2012 <b>Transaction ID : SA11Al.17286</b>
Mailing Address 7 Cypress St		Amount of Each Receipt this Period 10.00
City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Manager Prospective Review	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Gale Zdunczyk</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2012 <b>Transaction ID : SA11Al.17287</b>
Mailing Address 7 Cypress St		Amount of Each Receipt this Period 10.00
City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Manager Prospective Review	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Gale Zdunczyk</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2012 <b>Transaction ID : SA11Al.17288</b>
Mailing Address 7 Cypress St		Amount of Each Receipt this Period 10.00
City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Manager Prospective Review	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3420.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. HAYWORTH, NAN**

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement

Category/  
Type

Candidate Name  
**FRIENDS OF NAN HAYWORTH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	2

Transaction ID : SB23.17299

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

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

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

1	5	0	0	.	0	0
---	---	---	---	---	---	---

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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