Image# 12940898726					PAGE 1 / 54
	PORT OF ND DISBUR Other Than An Auth	SEMENT	s		
				Office U	se Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typin over the lines.	ng, type 121	FE4M5	
MVP Health Care Inc. Fee	deral PAC				
ADDRESS (number and street)	25 State Street				
Check if different					
than previously reported. (ACC)	Schenectady		NY	12305	5
2. FEC IDENTIFICATION NUMB		Y 🔺	STATE	≡ ▲	ZIP CODE
C C00431429			NEW N) OR	AMENDED (A)	
(Choose One) (a) Quarterly Reports:	Report Due On: Mar	20 (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)	Nov 20 (M11 (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12F	12C)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	K General (300	a)	Runoff (30R)	State of Special (30S)
Termination Report (TER)	Election	n on 1.1		012	in the State of NY
5. Covering Period	18 / Y Y Y Y 18 2012	Y through		26 / Y Y 20	
I certify that I have examined this ReType or Print Name of Treasurer \underline{M}	eport and to the best of Ir. Frank Fanshawe	my knowledge and I	pelief it is true, co	rrect and comple	te.
Signature of Treasurer	Fanshawe	[Electronically	<i>Filed]</i> Date	12 / D 06	D / Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	son signing this Re	port to the penalti	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X

12/06/2012 16 : 37

Ima	ge# 12940898727				
	FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS			Page 2
V	Irite or Type Committee Name				
ſ	MVP Health Care Inc. Federal PA	C			
R		10 / D D / Y Y Y Y 10 18 2012	To:	11 / D D D 26	/ Y Y Y Y Y 2012
		COLUMN A This Period		COLUM Calendar Yea	
6.	(a) Cash on Hand January 1, 2012			7	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	1 0		103805.34
7.	Total Disbursements (from Line 31)	1500.00	1 [7	45000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58805.34	1 0		58805.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00]		
10.	Debts and Obligations Owed BY the Committee (Itemize all on				

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

Schedule C and/or Schedule D)

For further information contact:

483.00

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

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

	- DE FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page 3
W	/rite or Type Committee Name		
	IVP Health Care Inc. Federal PAC		
_			
R	eport Covering the Period: From:	/ D / Y	11 / 26 / Y Y Y Y 2012
	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(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4218.00	39231.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	4218.00	39231.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	0.00	0.0
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees	1500.00	45000.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.0
(such as PACs)	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1500.00	45000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1500.00	45000.00

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L

DETAILED SUMMARY PAGE

of Disbursements

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17	
Any information copied from such Reports ar or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
Full Name (Last, First, Middle Initial) Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14534 Agmt. & Broker Admin. Year-to-Date ▼ 210.00			/ sacti	19 0n ID	: SA11AI	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14534 Igmt. & Broker Admin. Year-to-Date ▼ 220.00			/	02 01	SA11AI	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14534 Agmt. & Broker Admin. Year-to-Date ▼ 230.00			/ sacti	16 on ID	3 : SA11AI	nis Perioo	d 0.00
SUBTOTAL of Receipts This Page (optional)							30	0.00

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

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X 11a 11b 12 11c 14 13 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) Karla Austen Α. Date of Receipt Mailing Address 25 Carriage House La. M M / 2012 10 19 City Zip Code State Transaction ID : SA11AI.16980 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M M 11 02 2012 City State Zip Code Transaction ID : SA11AI.16981 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 1260.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M M / D D 11 16 2012 City Zip Code State Transaction ID : SA11AI.16982 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date V Primary General 1320.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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			Detailed Summary Page				11a 13		11b 14		11c	;	12 16		17
	ny information copied from such Reports and St for commercial purposes, other than using the						or the		oose o		olicit		ontribu		
\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC													
Α.	Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar	State	Zip Code 12054				Date of M M M 10 Trans	/ acti	19 0n ID) : S		2 Al.169			
	FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	Occupation VP, EPMO		820.00			mount	of	Each I	Rec	2eipt	this I		0.00	
B.	Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct.						Date of	Re	ceipt		/	Y Y	012	Y	
	City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Occupation VP, EPMO Aggregate	Zip Code 12054 Year-to-Date ▼	850.00			Transa mount		on ID :	: S/		AI.169	99 Period	0.00	
с.	Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP, EPMO Aggregate	Zip Code 12054	880.00			Date of 11 Trans mount	/ act	ion ID	6 : S		2 Al.170	Period	Y).00	
S	UBTOTAL of Receipts This Page (optional)			•••••••	•				,				90	.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC											
✓ Full Name (Last, First, Middle Initial) A. Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: □ Primary □ General Other (specify) ▼	State NY C Occupation VP Medical Aggregate		Date of Receipt									
B. Full Name (Last, First, Middle Initial) Mailing Address 285 Willowcrest Drive		Date of Receipt										
City Rochester FEC ID number of contributing federal political committee. Name of Employer	State NY C	Zip Code 14618	Transaction ID : SA11AI.17002 Amount of Each Receipt this Period 30.00									
MVP Receipt For: Primary General Other (specify) v	VP Medical Aggregate	Director Year-to-Date ▼ 270.00]									
C. Full Name (Last, First, Middle Initial) Mailing Address 285 Willowcrest Drive			Date of Receipt									
City Rochester	State NY	Zip Code 14618	Transaction ID : SA11AI.17003 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP Medica Aggregate]									
SUBTOTAL of Receipts This Page (optional).			90.00									

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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X 11a 11b 12 11c 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) Justin Carangelo Α. Date of Receipt Mailing Address 2022 Fairlawn Pkwy M M / 2012 10 19 City Zip Code State Transaction ID : SA11AI.17004 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy М M 11 02 2012 City State Zip Code Transaction ID : SA11AI.17005 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primarv General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy M = M / D 11 16 2012 City Zip Code State Transaction ID : SA11AI.17006 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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		Detailed Summary Page				11b	11c		12						
Any information copied from such Reports a or for commercial purposes, other than usin										tions	17				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC														
Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road City Macedon	State NY	Zip Code 14502	Date of Receipt 10 19 2012 Transaction ID : SA11AI.17013 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	C Occupation Director of R Aggregate]			φ		-	10.	.00					
Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road City	State	Zip Code		Date of	1	02)12	Ŷ					
Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	NY C Occupation Director of F Aggregate	14502					Receipt th			00]				
Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road City Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director of Aggregate				act	16 ion ID		20 . 170	Period	Y]				
SUBTOTAL of Receipts This Page (option	al)					,			30.	00					

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		1b 4	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using the				or the	purpos	se of	fsoliciting	g contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial) Jeffrey Cooper Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12305 4. Strategy/Mkt Research Year-to-Date ▼ 210.00		M M 10 Trans	saction	19 19 1 ID :	SA11AI	nis Perioc	d 0.00
Full Name (Last, First, Middle Initial) Jeffrey Cooper Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12305 . Strategy/Mkt Research Year-to-Date ▼ 220.00		M M 11 Trans	action	02 02	SA11AI.	nis Perioc	d 0.00
Full Name (Last, First, Middle Initial) Jeffrey Cooper Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12305 d. Strategy/Mkt Research Year-to-Date ▼ 230.00		M M 11 Trans		16 10	SA11AI	nis Perioc	d 0.00
SUBTOTAL of Receipts This Page (optional)								30	0.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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TTEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements may not be sold or used by any point of the name and address of any political committee	person for the purpose of soliciting contributions be to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC				
✓ Full Name (Last, First, Middle Initial) A. Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 420.00	Date of Receipt			
Full Name (Last, First, Middle Initial) B. Laura Davis Mailing Address 212 Meriline Ave.	Full Name (Last, First, Middle Initial) Laura Davis				
City Scotia FEC ID number of contributing federal political committee.	State Zip Code NY 12302	Image: Market			
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 440.00]			
Full Name (Last, First, Middle Initial) C. Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code NY 12302 C Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 460.00	Date of Receipt			
SUBTOTAL of Receipts This Page (option	al)	60.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Liverpool N FEC ID number of contributing federal political committee. Name of Employer Occu MVP Regi	ate Zip Code Y 13090 upation onal Network Director regate Year-to-Date ▼ 840.00	Date of Receipt
Liverpool N ¹ FEC ID number of contributing federal political committee. C Name of Employer Occu MVP Regi	ate Zip Code 2 13090 Upation pronal Network Director regate Year-to-Date ▼ 880.00	Date of Receipt
Liverpool N FEC ID number of contributing federal political committee. C Name of Employer Occu MVP Regi	ate Zip Code Y 13090 upation onal Network Director regate Year-to-Date ▼ 920.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	120.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	Date of Receipt		
				10 19 2012
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.17034 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation Treasurer	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]
В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City	State	Zip Code	11 02 2012
	Schenectady	NY	12303	Transaction ID : SA11AI.17035 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation Treasurer	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00]
с.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			11 16 / Y Y Y Y 2012
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.17036 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer	Occupation	1	
	MVP Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 920.00	
s	SUBTOTAL of Receipts This Page (optional)			120.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12		1						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committe	berson t e to so	13 for the licit co	purpo	14 ose o itions	15 f soliciting from suc	g contrib h commi	utions ittee.	17 						
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC															
Full Name (Last, First, Middle Initial) A. Kathleen Fish Mailing Address 500 Normanskill Place				Date o		D		2012	Y							
City Slingerlands	State NY	Zip Code 12159		10 19 2012 Transaction ID : SA11AI.17040 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С				,	,		1	0.00							
Name of Employer MVP Receipt For: Primary General Other (specify) v	Occupation Administrat]													
Full Name (Last, First, Middle Initial) Kathleen Fish Mailing Address 500 Normanskill Place				Date o	f Rec	eipt 02		2012	Y							
City Slingerlands FEC ID number of contributing	State NY	Zip Code 12159		Transaction ID : SA11AI.17041 Amount of Each Receipt this Period												
federal political committee.	Occupation		_					1	0.00							
MVP Receipt For: Primary General Other (specify) ▼	Administrat	Year-to-Date ▼ 220.00]													
Full Name (Last, First, Middle Initial) C. Kathleen Fish				Date o	f Rec	eipt										
Mailing Address 500 Normanskill Place								M / D / Y								
Slingerlands	NY	12159					Receipt th		d							
FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –															
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrat Aggregate]													
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SCHEDULE A	(FEC	Form	3X)
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NAME OF COMMITTEE (In Full)	_														
MVP Health Care Inc. Federal	PAC														
Full Name (Last, First, Middle Initial) A. Mark Fish				Date of	f Rec	eipt									
Mailing Address 500 Normanskill Place				м м 10	/	19) /		012	Y					
City	State	Zip Code		Transaction ID : SA11AI.17043											
Slingerlands	NY	12159		Amount of Each Receipt this Period											
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Full Name (Last, First, Middle Initial) B. Mark Fish				Date o	f Rec	eipt									
Mailing Address 500 Normanskill Place				M M	/	02		Y Y) 012	Y					
City	State	Zip Code		Trans	actio	n ID :	SA11	AI.170							
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Full Name (Last, First, Middle Initial) C. Mark Fish				Date o	f Rec	eipt									
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC										
<u>/</u>	Full Name (Last, First, Middle Initial)											
Α.					Date of	of Rece	eipt					
	Mailing Address 220 Alexander Street				[™] 10	VI /	D 19			ү ү 2012	Y	
	City	State	Zip Code		Tran	sactio	n ID	: SA	A11AI.17	055		
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в.	Full Name (Last, First, Middle Initial) Dominic Galante					of Rece	eipt					
	Mailing Address 220 Alexander Street						02			2012	Y	
	City	State	Zip Code	Transaction ID : SA11AI.1705					056			
	Rochester	NY	14607		Amount of Each Receipt this Period							
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с.	Full Name (Last, First, Middle Initial) Dominic Galante				Date of	of Rece	eipt					
	Mailing Address 220 Alexander Street				M 11	VI /	D 16			2012	Y	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa												
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave Apt 4 City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate D Aggregate				sact	19 ion ID		nis Perio	_]		
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave Apt 4 City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate D Aggregate				sacti	02		nis Perio	_]		
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave Apt 4 City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate D Aggregate				sact	ion ID		nis Perio	_]		
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or	for commercial purposes, other than using	the name and a	ddress of any political committee	e to sol	icit co	ntributio	ns fr	rom	such c	ommit	tee.	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC										
	Full Name (Last, First, Middle Initial) Patrick Glavey			Г)ate o	f Receip	ot					
	Mailing Address 165 Windemere Road				M M		D	/		Y Y	Y	
	City	State	Zip Code	- 1	10 Trans	saction	19 • • חו	SA 11		2012	_	
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	Full Name (Last, First, Middle Initial) Patrick Glavey			[Date o	f Receip	ot					
	Mailing Address 165 Windemere Road				M M	/ D	02	/		2012	Y	
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	Full Name (Last, First, Middle Initial) Patrick Glavey				Date o	f Receip	ot					
	Mailing Address 165 Windemere Road				M M		16	/		2012	Y	
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SCHEDULE A	(FEC Form 3X)
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Any information copied from such Reports and or for commercial purposes, other than using		for the	purpose o	of soli			ions	/
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa								
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Zip Code 12303 of Legal Officer, Pres. of Op Year-to-Date ▼ 1530.00	10 Trans	Receipt	9 : SA 1	2 11AI.170		_]
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Zip Code 12303 f Legal Officer, Pres. of Op Year-to-Date ▼ 1610.00	11 Transa	Receipt / 0 action ID of Each	: SA1	20 11 AI.170		Ч 00]
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Zip Code 12303 of Legal Officer, Pres. of Op Year-to-Date ▼ 1690.00	11 Trans	Receipt / 1 action ID of Each	6 : SA 1	20 11AI.170		_]
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Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation IT Ombudsr Aggregate				sact	19 tion ID		nis Perio	2	0
Full Name (Last, First, Middle Initial) B. Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation IT Ombudsr Aggregate				sact	02 ion ID		nis Perio		10
Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation IT Ombudsi Aggregate				sact	16 tion ID		nis Perio		
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SCHEDULE A	(FEC Form 3X)
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Any information copied from such Reports and S	tatements may not be sold or used	by any perso		13 r the	purpo		15 soliciting	contrib	17 utions	7
or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC									
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12306 C Occupation Administrative Aggregate Year-to-Date ▼ 5	310.00		10 Frans		19 1 D :	SA11AI. Receipt th	nis Perioo	y d 0.00]
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12306 C C Occupation Administrative Aggregate Year-to-Date ▼ 5	40.00	T	11 Trans a		02 02	SA11AI. Receipt th	nis Perioo	d 0.00]
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12306 C Occupation Administrative Aggregate Year-to-Date ▼ 5 5	570.00	N	11 Frans		16 <u>1</u> 6		nis Perioo	_]
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC								
A. Kevin Husted Mailing Address 38 Fox Hill Drive				Date of	f Receipt	D	/ Y	YY	Y
City Fairport	State NY	Zip Code 14450			1 saction ID t of Each		A11AI.170		
FEC ID number of contributing federal political committee.	C				,	nee	7		.00
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 760.00	Date of Receipt
B. Dawn Jablonski Mailing Address 213 Hansen Ave	State Zip Code	Date of Receipt
Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 790.00	Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 820.00	Date of Receipt
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial) Linda Johnson Mailing Address 2707 Clover St. City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Direct Health Aggregate Y	Zip Code 14534 Care Ops /ear-to-Date ▼ 210.00			actio	19 0n ID :	SA11AI. leceipt th	iis Perioc	
Full Name (Last, First, Middle Initial) Linda Johnson Mailing Address 2707 Clover St. City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Direct Health Aggregate Y	Zip Code 14534 Care Ops fear-to-Date ▼ 220.00			/ actio	02	SA11AI. Beceipt th	is Perioc	ý 1 1.00
Full Name (Last, First, Middle Initial) Linda Johnson Mailing Address 2707 Clover St. City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Direct Health Aggregate Y	Zip Code 14534 Care Ops //ear-to-Date ▼ 230.00			/ sactio	16 200 ID :		iis Perioc	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC											
Full Name (Last, First, Middle Initial) Barbara Leonard Mailing Address 848 DeCamp Avenue City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Administrat Aggregate		210.00			/ acti	19 on ID :		20 . 171		ў 00]
Full Name (Last, First, Middle Initial) Barbara Leonard Mailing Address 848 DeCamp Avenue City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Administrati		220.00			/ acti	02 01		1711		ч 00]
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SCHEDULE A	(FEC Form 3X)
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Any information copied from such Reports a or for commercial purposes, other than using	I nd Statements may not be sold or used b g the name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) A. William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Vermont Aggregate Year-to-Date ▼ 63	Date of Receipt Date of Receipt 10 19 2012 Transaction ID : SA11AI.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 Zip Code VT 05445	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For:	C Occupation VP Vermont Aggregate Year-to-Date ▼ 66	0.00
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Vermont Aggregate Year-to-Date ▼ 69	Date of Receipt Date of Receipt 11 1 2012 Transaction ID : SA11AI.17123 Amount of Each Receipt this Period 30.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		,								
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Cod NY 14610 C Occupation VP of Network Operation Aggregate Year-to-Date	15			/ sacti	19 ion ID		his Peric		0
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City	State Zip Cod	e		Date o M M 11	/	02		2012	Y]
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	NY 14610 C Occupation VP of Network Operation Aggregate Year-to-Date	s					Receipt th	his Peric	od 20.00	ז
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Cod NY 14610 C Occupation VP of Network Operation Aggregate Year-to-Date	IS			/ sacti	16 ion ID		his Peric		0
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Any information copied from such Reports and St. or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation Occupation VP Marketing Aggregate Year-to-Date ▼ 630.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing	State Zip Code NY 12866	Date of Receipt
federal political committee. Name of Employer MVP Health Care Receipt For: Primary Other (specify) ▼	Occupation VP Marketing Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City	State Zip Code	Date of Receipt
Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 690.00	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).....

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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or for commercial purposes, other than using	the name and a	ddress of any political committee	e to sol	icit co	ntributio	ons	from	such a	commi	ttee.	5
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC										
Full Name (Last, First, Middle Initial)											
A. Laurie Metheny					f Recei		_				
Mailing Address 21 Joellen Drive				M M	/	19			ү чү 2012	Y	
City	State	Zip Code		Trans	saction	ID	: SA′	11AI.17	'145		
Rochester	NY	14626	A	moun	t of Ea	ch	Rece	ipt this	Period	k	
FEC ID number of contributing federal political committee.	С							7	5	0.00	
Name of Employer	Occupation										
MVP	VP, Busine	ss Excellence									
Receipt For:	Aggregate	Year-to-Date V									
Primary General		1050.00	11								
Other (specify)		1050.00									
Full Name (Last, First, Middle Initial) B. Laurie Metheny				Date of	f Recei	pt					
Mailing Address 21 Joellen Drive				M M 11	/	02			у у 2012	Y	
City	State	Zip Code		Trans	action	ID	: SA1	11AI.17	146		
Rochester	NY	14626	A	moun	t of Ea	ch	Rece	pipt this	Period	Ł	
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Name of Employer	Occupation										
MVP	VP, Busines	ss Excellence									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00]								
Full Name (Last, First, Middle Initial) C. Laurie Metheny				Date of	f Recei	pt					
Mailing Address 21 Joellen Drive				м м 11	/	16			у у 2012	Y	
City	State	Zip Code		Trans	saction	ID	: SA	11AI.17	′147		1
Rochester	NY	14626	A	moun	t of Ea	ch	Rece	ipt this	Period	Ł	
FEC ID number of contributing federal political committee.	С						_	7	5	0.00	
Name of Employer	Occupation										
MVP	VP, Busine	ss Excellence									
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Primary General		4450.00	1								
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SCHEDULE A	(FEC Form 3X)
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TEMIZED RECEIPTS		Detailed Summary Page		X 11a		11b	11		12		_
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC										
Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road City	State	Zip Code		Date of 10	1 /	19)	2	2012	Y	
Albany FEC ID number of contributing federal political committee.	NY C	12203	_			ion ID Each I				.00]
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrati Aggregate										
Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road				Date c	of Re	eceipt		2	012	Y	
City Albany FEC ID number of contributing federal political committee.	State NY	Zip Code 12203	_	Trans		ion ID : Each I	: SA11	AI.171	149	00]
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrati Aggregate										
Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road			_	Date c		D			Y Y	Y	
City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State NY Occupation Administrat Aggregate					16 tion ID Each I	6 : SA1 1	1AI.17 [,]	Period	.00]
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SCHEDULE A	(FEC	Form	3X)
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Any information copied from such Reports and s or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Peter Molloy Mailing Address 84 York Ave. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation Dir. Of Strategic Accounts Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 19 2012 Transaction ID : SA11AI.17151 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Peter Molloy Mailing Address 84 York Ave. City	State Zip Code	Date of Receipt
Saratoga Spgs. FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Dir. Of Strategic Accounts Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Peter Molloy Mailing Address 84 York Ave. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation Dir. Of Strategic Accounts Aggregate Year-to-Date ▼ 230.00	Date of Receipt Tansaction ID : SA11AI.17153 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Director of Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director of f Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Director of Aggregate		Date of Receipt
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	y information copied from such Reports and St for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
\rangle	MVP Health Care Inc. Federal P	AC											
A.	Full Name (Last, First, Middle Initial) David Orlando				[Date of	Re	ceipt					
	Mailing Address 3 Clare Castle					м м 10	/	19			012	Y	
	City	State	Zip Code		7	Trans	acti		SA11AL				
	Albany	NY	12205			Amount	of	Each F	Receipt th	is F	'eriod		
	FEC ID number of contributing federal political committee.	С						5		_	30	.00	
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	MVP Health Care	Corp VP of	Operations										
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	Primary General	00 0											
	Other (specify)	L	g	630.00									
в.	Full Name (Last, First, Middle Initial) David Orlando				[Date of	Re	ceipt					
	Mailing Address 3 Clare Castle					м м 11	/	02		20)12	Y	
	City	State	Zip Code		1'	Trans	acti	on ID :	SA11AI.				
	Albany	NY	12205		A	Amount	of	Each F	Receipt th	is F	'eriod		
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	MVP Health Care	Corp VP of	Operations										
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с.	Full Name (Last, First, Middle Initial) David Orlando				[Date of	Re	ceipt					
	Mailing Address 3 Clare Castle					M M 11	1	16)12	Y	
	City	State	Zip Code			Trans	act	ion ID :	: SA11AI	.171	71		
	Albany	NY	12205		/	Amount	of	Each F	Receipt th	is F	'eriod		
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	Other (specify) ▼		· · · · · · · · · · · · · · · · · · ·	690.00									
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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name (Last, First, Middle Initial) Everett Patterson Mailing Address 1 Summit Ct., Ste 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)		Zip Code 12524 es-East Region Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) Everett Patterson Mailing Address 1 Summit Ct., Ste 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12524 ss-East Region Year-to-Date ▼ 220.00	Date of Receipt
Full Name (Last, First, Middle Initial) Everett Patterson Mailing Address 1 Summit Ct., Ste 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12524 es-East Region Year-to-Date ▼ 230.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona	l)		30.00

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	y information copied from such Reports and S for commercial purposes, other than using the										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	MVP Health Care Inc. Federal F	PAC									
Α.	Full Name (Last, First, Middle Initial) Donald Rahn				Date	of	Rec	ceipt			
	Mailing Address 931 Northumberland Dr.				M 1	M 0	/	19) / Y	2012	Y
	City	State	Zip Code			-	actio		SA11AL		
	Niskayuna	NY	12309		Amo	unt	of E	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С						,		10	0.00
	Name of Employer	Occupation	1	-							
	MVP Health Care	Assoc. Dire	ctor , Group Reporting								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			u Li							
	Other (specify)		210.00								
в.	Full Name (Last, First, Middle Initial) Donald Rahn				Date	of	Rec	ceipt			
	Mailing Address 931 Northumberland Dr.				M 1		/	02		2012	Y
	City	State	Zip Code		Tra	nsa	actio	n ID :	SA11AL		
	Niskayuna	NY	12309						Receipt th		
	FEC ID number of contributing federal political committee.	С						7		10	.00
	Name of Employer	Occupation	l								
	MVP Health Care	Assoc. Dire	ctor, Group Reporting								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00								
— c.	Full Name (Last, First, Middle Initial) Donald Rahn				Date	of	Rec	eipt			
	Mailing Address 931 Northumberland Dr.				M 1	М	/	16		2012	Y
	City	State	Zip Code				actio		SA11AI.		
	Niskayuna	NY	12309		Amo	unt	of E	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С			С			,		1(0.00
	Name of Employer	Occupation	1	\neg							
	MVP Health Care	Assoc. Dire	ector, Group Reporting								
	Receipt For:	Angregate	Year-to-Date ▼								
	Primary General	7.99.094.0		ı İ.							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12550 C Occupation Account Manager Aggregate Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City	State Zip Code	Date of Receipt
Newburgh FEC ID number of contributing federal political committee.	NY 12550	Amount of Each Receipt this Period
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Account Manager Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing	State Zip Code NY 12550	Date of Receipt
Incomposition Federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	C Occupation Account Manager Aggregate Year-to-Date ▼ 230.00	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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or	for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa		iddress of any political committe	e to so	DIICIT CO	ntributior	is tr	om	such c	ommitt	ee.	
Α.	Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive				Date o	f Receip	t 19	1		y y 2012	Y	
	City Clifton Park	State NY	Zip Code 12065			saction I It of Eac						_
	FEC ID number of contributing federal political committee.	С					_	_	7	20	.00	
	Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		caid & Safety Net Prods. Year-to-Date ▼ 420.00]								
в.	Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive			_	Date o	f Receip	t	/	/ Y	Y Y	Y	
	City Clifton Park	State NY	Zip Code 12065							2012 191		
	FEC ID number of contributing federal political committee.	С					_	-			.00	
	Name of Employer MVP Health Care, Inc.	Occupation VP of Medio	caid & Safety Net Prods.									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]								
с.	Full Name (Last, First, Middle Initial) Jennifer Rice				Date o	f Receip	t					
	Mailing Address 22 Hemlock Drive	State	Zip Code		11 Tran	saction I	16 • • •		2	2012	Υ	
	Clifton Park	NY	12065			it of Eac						_
	FEC ID number of contributing federal political committee.	С				_	_	7	20	.00		
	Name of Employer MVP Health Care, Inc.	Occupation	i caid & Safety Net Prods.									
	Receipt For: Primary Other (specify)		Year-to-Date ▼ 460.00]								
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt Mailing Address 215 Dunrovin Lane City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14618 C Occupation HR Director Aggregate Year-to-Date ▼ 210.00 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt Mailing Address 215 Dunrovin Lane City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14618 C Occupation HR Director Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt Mailing Address 215 Dunrovin Lane City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY Zip Code NY 14618 C Occupation HR Director Aggregate Year-to-Date ▼ 230.00 7	Date of Receipt
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		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 630.00 7	Date of Receipt
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 660.00	Date of Receipt
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 690.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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		for each category of the Detailed Summary Page	X 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) Diane Soehner Mailing Address 27 Stonefield Place City Honeoye Falls FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14472 dical Analysis Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) Diane Soehner Mailing Address 27 Stonefield Place City Honeoye Falls FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14472 dical Analysis Year-to-Date ▼ 220.00	Date of Receipt
Full Name (Last, First, Middle Initial) Diane Soehner Mailing Address 27 Stonefield Place City Honeoye Falls FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14472 edical Analysis Year-to-Date ▼ 230.00	Date of Receipt
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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC								
Full Name (Last, First, Middle Initial) A. David Stitt				Date of	f Receipt				
Mailing Address 684 Macelroy Road				10 ^M		9		012	Y
City Ballston Spa	State NY	Zip Code 12019	_				A11AI.172 ceipt this I		_
FEC ID number of contributing federal political committee.	С						7	10.0	00
Name of Employer MVP	Occupation Pharmacy								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]						
Full Name (Last, First, Middle Initial) B. David Stitt	ł			Date of	f Receipt				
Mailing Address 684 Macelroy Road				1 <u>1</u>		D)2		012	Y
City	State NY	Zip Code					A11AI.172		
Ballston Spa FEC ID number of contributing federal political committee.	С	12019		Amount	t of Each	Rec	ceipt this I	Period 10.0	00
Name of Employer MVP	Occupation Pharmacy I								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]						
Full Name (Last, First, Middle Initial) C. David Stitt				Date of	f Receipt				
Mailing Address 684 Macelroy Road				11		D 6		012	Y
City Ballston Spa	State NY	Zip Code 12019					A11AI.172 ceipt this I		_
FEC ID number of contributing federal political committee.	С						7	10.	00
Name of Employer MVP	Occupation Pharmacy								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]						
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC							
Full Name (Last, First, Middle Initial) A. Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing	State NY	Zip Code 14624		M M 10 Trans	1 saction ID		his Period	
federal political committee. Name of Employer MVP Receipt For: □ Primary □ General Other (specify)	C Occupation VP, Sales Aggregate	Year-to-Date ▼ 1050.00]			<u> </u>		0.00
Full Name (Last, First, Middle Initial) B. Tracy Tadaro-Ott Mailing Address 33 Everett Drive				Date o		D / Y)2	2012	Ŷ
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: □ Primary □ General Other (specify) ▼	State NY C Occupation VP, Sales Aggregate	Zip Code 14624 Year-to-Date ▼ 1100.00				9 : SA11AI. Receipt tl	his Period	1
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation VP, Sales Aggregate	Zip Code 14624 Year-to-Date ▼ 1150.00		M M 11 Trans	saction ID		his Period	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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			Detailed Summary Page		×	11a 13		11b 14		11c		12 16		17
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P			10 0					110					
A.	Full Name (Last, First, Middle Initial) Douglas Tucker Mailing Address 10 Braniff Drive City Camillus FEC ID number of contributing federal political committee. Name of Emplance	State NY C	Zip Code 13031		ļ		/ acti	ceipt 19 ion ID Each	9 : S		20 1.172		Ý .00	
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B.	Full Name (Last, First, Middle Initial) Douglas Tucker Mailing Address 10 Braniff Drive					ate of	FRe	ceipt 02		1	y y y	012	Y	
	City	State	Zip Code					on ID :						
	Camillus FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	NY C Occupation Administrati Aggregate				mount	tof	Each	Rec		this P	²eriod 10.	00	
C.	Full Name (Last, First, Middle Initial) Douglas Tucker Mailing Address 10 Braniff Drive				_	ate of	F Re	ceipt	D	/	Y Y	Y	Y	
	City Camillus FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State NY Occupation Administrati						16 ion ID Each I	: S		I.172	Period	.00	
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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Statements n or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City State Middletown CT FEC ID number of contributing federal political committee. C Name of Employer Occupation MVP CIO Receipt For: Aggregate Other (specify) ▼ Image: Committee	Zip Code 06457 on e Year-to-Date ▼ 630.00	Date of Receipt
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City State Middletown CT FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation MVP CIO Receipt For: Aggregate Other (specify) ▼ Image: Committee	Zip Code 06457 on e Year-to-Date ▼ 660.00	Date of Receipt
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City State Middletown CT FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation MVP CIO Receipt For: Primary Other (specify) ✓	Zip Code 06457 on e Year-to-Date ▼ 690.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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X 11a

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$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	MVP Health Care Inc. Federal	PAC									
Α.	Full Name (Last, First, Middle Initial) Rico Viscusi				Date of	f Rece	eipt				
	Mailing Address 234 Autumn Run				10 ^M	/	D D) /		012	Y
	City	State	Zip Code		Trans	actio		SA11	I AI.172		
	Schenectady	NY	12306		Amount	t of E	ach R	leceip	ot this F	Period	
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	Primary General	Aggregate		- L.							
	Other (specify)		210.00	4							
в.	Full Name (Last, First, Middle Initial) Rico Viscusi				Date of	f Rece	eipt				
	Mailing Address 234 Autumn Run				M M	/	010	/		012	Y
	City	State	Zip Code		Trans	actio	n ID :	SA11	AI.172	60	
	Schenectady	NY	12306		Amount	t of E	ach R	leceip	ot this F	Period	
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	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 220.00]							
— c.	Full Name (Last, First, Middle Initial) Rico Viscusi				Date of	f Rece	eipt				
	Mailing Address 234 Autumn Run				M M	/	16	/		012	Y
	City	State	Zip Code		Trans	actio	n ID :	SA1	1AI.172		
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	Other (specify)		230.00								
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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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	νC	
MVP Health Care, Inc.	State Zip Code NY 12302 C Description Sales Manager- East Region Aggregate Year-to-Date ▼ 210.00 210.00	Date of Receipt
MVP Health Care, Inc.	State Zip Code NY 12302 C	Date of Receipt
MVP Health Care, Inc.	State Zip Code NY 12302 C Occupation Sales Manager- East Region Aggregate Year-to-Date ▼ 230.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		30.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		Detailed Summary Page	×	11a 13	11b	11		12 16	17
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any p lress of any political committe	person for e to sol	or the	purpose (of solici	iting co	ontribut	ions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
A. Peter Whitehouse Mailing Address 16 Oak Hill Drive	State	Zip Code		м м 10		9	2	2012	Y
Loudon FEC ID number of contributing federal political committee.	C	03307	A		action ID : of Each				.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Sales Directo Aggregate Ye]						
B. Full Name (Last, First, Middle Initial) Mailing Address 16 Oak Hill Drive	State	Zip Code		M M		2	2	012	Ŷ
Loudon FEC ID number of contributing federal political committee.	NH	03307			<u>action ID</u> : of Each				00
Name of Employer MVP Health Care	Occupation Sales Director	- NH/VT							
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 660.00]						
C. Full Name (Last, First, Middle Initial) Mailing Address 16 Oak Hill Drive				M M	Receipt			Ŷ	Ŷ
City Loudon	State NH	Zip Code 03307	A		action ID of Each		IAI.172		_
FEC ID number of contributing federal political committee.	С						,	30.	.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Sales Directo Aggregate Ye]						
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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54

		Detailed Summary Page		X 11a		11b	11c		12		17
Any information copied from such Reports and or for commercial purposes, other than using t										ions	17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) A. Joseph Wild				Date	of Re	eceipt					
Mailing Address 2040 Mill Road				[™] 10	VI /	19			012	Y	
City West Falls	State NY	Zip Code 14170					: SA11AI Receipt t				
FEC ID number of contributing federal political committee.	С					,			10.	00	
Name of Employer MVP Health Care	Occupation Sales Direc										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00]								
Full Name (Last, First, Middle Initial) B. Joseph Wild	·			Date	of Re	eceipt					
Mailing Address 2040 Mill Road				M 11	/	02		ү 20)12	Y	
City West Falls	State NY	Zip Code 14170					: SA11AI				
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Name of Employer MVP Health Care	Occupation Sales Direc										
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Full Name (Last, First, Middle Initial) C. Joseph Wild				Date	of Re	eceipt					
Mailing Address 2040 Mill Road				M 11	VI /	D 10)12	Y	
City West Falls	State NY	Zip Code 14170					: SA11AI Receipt t				
FEC ID number of contributing federal political committee.	С					,			10.	.00	
Name of Employer	Occupation	1									
MVP Health Care	Sales Direc	tor									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	1								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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54

		Detailed Summary Page		1 1a	11b	11	c 🗌	12	
				13	14	15		16	17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p address of any political committe	erson e to so	for the plicit cor	purpose on tributions	of solici from s	ting co such co	ntribut	ions ee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
Full Name (Last, First, Middle Initial) A. Jane Wisner				Date of	Receipt				
Mailing Address 2819 Cuylerville Road				м м 10	/ D			2012	Y
City	State	Zip Code		Trans	action ID	: SA11	AI.172	277	
Leicester	NY	14481		Amount	of Each	Receip	t this F	Period	
FEC ID number of contributing federal political committee.	С						,	10.	00
Name of Employer	Occupation	1							
MVP Health Care	Director Co	ommunications							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			11.						
Other (specify)		210.00							
Full Name (Last, First, Middle Initial) B. Jane Wisner				Date of	Receipt				
Mailing Address 2819 Cuylerville Road				M M		D / 2	Y Y 2'	012	Y
City	State	Zip Code		Transa	action ID	: SA11	AI.172	78	
Leicester	NY	14481		Amount	of Each	Receip	t this I	Period	
FEC ID number of contributing federal political committee.	C				- 7			10.	00
Name of Employer	Occupation	1							
MVP Health Care	Director Co	mmunications							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	1						
Full Name (Last, First, Middle Initial) C. Jane Wisner				Date of	Receipt				
Mailing Address 2819 Cuylerville Road				M M	/ D	D / 6		012	Y
City	State	Zip Code		Trans	action ID	: SA11	AI.172	279	
Leicester	NY	14481		Amount	of Each	Receip	t this I	Period	
FEC ID number of contributing federal political committee.	С							10	.00
Name of Employer	Occupation	1	\neg						
MVP Health Care	Director Co	ommunications							
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Other (specify) ▼		230.00]						
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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		11b 14	11c	12 16	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC							
Full Name (Last, First, Middle Initial) Gale Zdunczyk Mailing Address 7 Cypress St City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12205 rospective Review Year-to-Date ▼ 210.00		sacti	19 ion ID	solution of the second	his Perio	
Full Name (Last, First, Middle Initial) Gale Zdunczyk Mailing Address 7 Cypress St City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Ū	Zip Code 12205 ospective Review Year-to-Date ▼ 220.00		/ sacti	02	2 / Y 2 SA11AI. Receipt th	his Perio	vd 10.00
Full Name (Last, First, Middle Initial) Gale Zdunczyk Mailing Address 7 Cypress St City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	-	Zip Code 12205 rospective Review Year-to-Date ▼ 230.00		sact	16 ion ID	B SA11AI Receipt ti	his Perio	v d 10.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER PAGE 53 OF 54					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	/ one)					
		21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or use ne and address of any politica	d by any pers	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
MVP Health Care Inc. Federal PA	C							
Full Name (Last, First, Middle Initial)			Date of Disbursement					
A. HAYWORTH, NAN								
Mailing Address 51 Gleneida Avenue			11 06 2012					
5	State Zip Code		Transaction ID : SB23.17299					
Carmel	NY 10512							
Purpose of Disbursement		011	Amount of Each Disbursement this Period					
Candidate Name FRIENDS OF NAN HAYWORTH		Category/	1500.00					
	ment For: 2012	Туре						
Senate President	Primary General Other (specify)							
State: NY District: 19								
Full Name (Last, First, Middle Initial)								
В.			Date of Disbursement					
Mailing Address			M M / D D / Y Y Y Y					
City	State Zip Code							
	·							
Purpose of Disbursement			Amount of Each Distance and this David					
Candidate Name			Amount of Each Disbursement this Period					
		Category/ Type						
Office Sought: House Disburse	ment For:	Type	7 7					
Senate	Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)			Date of Disbursement					
0.								
Mailing Address			M M / D D / Y Y Y Y					
City	State Zip Code							
Purpose of Disbursement								
Candidate Name Category/ Type		Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For:							
Senate	Primary General							
President District:	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional)			1500.00					
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TOTAL This Period (last page this line number only)	••••••	1500.00					

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SCHEDULE D (FEC Form 3X)			PAGE 54 OF 54		
DEBTS AND OBLIGATIONS			e separate hedule(s)	FOR LINE NUMBER:	
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		num	bered line)	X 10	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC					
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor			ebt (Purpose):	
Deluxe Business Checks			Check Prin	ung	
Mailing Address P.O. Box 742572			-		
City State	Zip Code		_		
Cincinnati	OH 4527	74			
Outstanding Balance Beginning This Period		<u> </u>	Transacti	on ID : SD10.4163	
145.00					
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		145.00	
				7 7	
B. Full Name (Last, First, Middle Initial) of Debto	or or Creditor		Nature of D Advertising	ebt (Purpose):	
Media Well Done			Advertising		
Mailing Address 96 Jay Street			_		
City State	Zip Code NY 1230				
Schenectady	NY 1230	6			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4165	
338.00					
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period	
0.00		0.00		338.00	
7 7 7	7 7			- /J /J /B	
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor		Nature of D	ebt (Purpose):	
Mailing Address			-		
City	State Zip Co	de	-		
Outstanding Balance Beginning This Period					
Amount Incurred This Period	Payment This	Period	Outstandir	ng Balance at Close of This Period	
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1) SUBTOTALS This Period This Page (optional).				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
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