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Image# 13940079747

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Use Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5		
N	IVP Health Care Inc.	Federal	PAC	1 1 1 1				1 1 1 1 1	1
_									
AD	DRESS (number and street)	625 State	Street						
ř	Check if different								
ŀ	than previously reported. (ACC)	Schened	tady				NY	12305	
2.	FEC IDENTIFICATION NU	JMBER ▼		CITY 🛦		5	STATE 🛦	ZIP C	ODE 🛦
	C C00431429			3. IS THIS REPORT		NEW OR	AN (A)	1ENDED	
4.	TYPE OF REPORT (Choose One)	(b) Mon Rep	ort	Feb 20 (M2)	_ r	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)		Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
	Quarterly Report (Q	(c)	12-Day	П	Primary (12P)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report (Q	(2)	PRE-Electio				1		, ,
	October 15	.0)	Report for the	ne:	Convention (120)	Special (125)	
	Quarterly Report (Q X January 31 Year-End Report (Y		E	Election on	M = M /	D D /	Y	in the State	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	30-Day POST-Electi		General (300	à)	Runoff (3	30R)	Special (30S)
	Termination Report		Report for the	ne:	M = M /	D D /	V	in the	
	(TER)		E	Election on	/			State	
5.	Covering Period 11			012	through	M M M	31	2012]
l ce	ertify that I have examined th	is Report a	nd to the be	est of my kno	wledge and b	pelief it is true	e, correct and	d complete.	
	pe or Print Name of Treasure	-			-			•	
Sig	nature of Treasurer Frank	k Fanshawe			[Electronically	Filed] D	ate 01	30 /	2013
NΟ	TE: Submission of false, errone	eous, or inco	omplete infor	mation may su	biect the ner	son signing th	is Report to the	ne penalties of 2	U.S.C. 8437a
	Office	.545, 61 1116	pioto iiiioli	auon may su	ajout the pers	Jen organing til	Hoport to ti		
ı	Use							FEC FO	

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From: 11	M / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		64574.34
(b) Cash on Hand at Beginning of Reporting Period	58805.34	
(c) Total Receipts (from Line 19)	4192.00	43423.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	62997.34	107997.34
7. Total Disbursements (from Line 31)	1000.00	46000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	61997.34	61997.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multicar	ndidate committee. (see FEC FORM 1M)	
F	or 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

IVIVI TICAILII CAIC IIIC. I CUCIAI I A	ΜV	P Health Care Ir	าc. Federal	PAC
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I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	3400.00	25180.00		
(ii) Unitemized	792.00	18243.00		
(iii) TOTAL (add	4400.00	42422.00		
Lines 11(a)(i) and (ii)▶	4192.00	43423.00		
(b) Political Party Committees	0.00	0.00		
(b) Political Party Committees(c) Other Political Committees	5.50			
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines	7			
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	4192.00	43423.00		
Transfers From Affiliated/Other	7			
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures	7			
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	7			
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds	7	7		
(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		
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4192.00	43423.00		
	, , , , , , , , , , , , , , , , , , , ,			
Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	4192.00	43423.00		

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
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)			Calculati Tour to Date
	(i) Federal Share	0.00	0.00
	V	200	
/h	(ii) Non-Federal Share	0.00	0.00
(b	Other Federal Operating Expenditures	0.00	0.00
(c			3.00
`	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Tr	ansfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
Fe ar	ederal Candidates/Committees nd Other Political Committees	1000.00	46000.00
	dependent Expenditures	0.00	0.00
C	se Schedule E)oordinated Party Expenditures	0.00	0.00
(2 (u	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
R (a	efunds of Contributions To: i) Individuals/Persons Other		
(-	Than Political Committees	0.00	0.00
(b	Political Party Committees	0.00	0.00
(C			
	(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
`	(add Lines 28(a), (b), and (c))▶	0.00	0.00
0	they Dichuras ments	0.00	0.00
U	ther Disbursements	0.00	0.00
	ederal Election Activity (2 U.S.C. §431(20))		
(a	Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i cuciai dilaic	7	
	(ii) "Levin" Share	0.00	0.00
(b	,		
/-	With Federal Funds Total Federal Election Activity (add	0.00	0.00
(C	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
23	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	46000.00
	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	1000.00	46000.00
tro	om Line 31)	1000.00	46000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4192.00	43423.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4192.00	43423.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

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

FOR LINE	NOMBER	: PAGE	- 6 O	F 54
(check only	one)			
X 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Christopher Amorosi Mailing Address 57 Niskayuna Street		Date of Receipt
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 Manager, Medicare Sales Aggregate Year-to-Date ▼	Transaction ID: SA11AI.17306 Amount of Each Receipt this Period 10.00
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	State Zip Code NY 14534 C Occupation	Date of Receipt 11 30 2012 Transaction ID : SA11AI.17307 Amount of Each Receipt this Period
MVP Health Care Receipt For: Primary General Other (specify) ▼	Dir., Acct. Mgmt. & Broker Admin. Aggregate Year-to-Date ▼ 240.00	
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)	State Zip Code NY 14534 C Occupation Dir., Acct. Mgmt. & Broker Admin. Aggregate Year-to-Date ▼ 250.00	Date of Receipt 12 14 2012 Transaction ID: SA11AI.17308 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	30.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive 2012 12 28 City Zip Code State Transaction ID: SA11AI.17309 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir., Acct. Mgmt. & Broker Admin. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 11 30 2012 City State Zip Code Transaction ID: SA11AI.17310 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17311 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 ▼ Primary General 1440.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOR LIN	E NU	MBER	:	PAGE	8	OF	54
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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

	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
waming Address 25 Calllage House La.		12 28 2012
City	State Zip Code	Transaction ID : SA11AI.17312
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care	EVP, Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address and the Su	·	Date of Receipt
Mailing Address 9 Wembly Ct.		11 30 _2012 _
City	State Zip Code	Transaction ID : SA11AI.17328
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP, EPMO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	
Full Name (Last, First, Middle Initial) Sue Brown		Date of Receipt
Mailing Address 9 Wembly Ct.		12 14 2012
City Delmar	State Zip Code NY 12054	Transaction ID : SA11AI.17329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP, EPMO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 940.00	
SUBTOTAL of Receipts This Page (option	al)	120.00
TOTAL THIS FEHIOU (last page this line nur	niber only)	7

FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) for each category of the Detailed Summary Page

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	I Statements may not be sold or used by any persthe name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct.		Date of Receipt
City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General	State Zip Code NY 12054 C Occupation VP, EPMO Aggregate Year-to-Date ▼	Transaction ID : SA11AI.17330 Amount of Each Receipt this Period 30.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester	970.00 State Zip Code NY 14618	Date of Receipt 11 30 2012 Transaction ID: SA11AI.17331 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date 330.00	30.00
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 14618 C Occupation VP Medical Director	Date of Receipt 12
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).	Aggregate Year-to-Date ▼ 360.00	90.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 10 OF 54 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2012 12 28 City Zip Code State Transaction ID: SA11AI.17333 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy 11 30 2012 City State Zip Code Transaction ID: SA11AI.17334 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17335 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 250.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITE

FOR LINE NUMBER: PAGE 11 OF

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	_	11b 14	1c		12 16	17
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An or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Justin Carangelo Date of Receipt Mailing Address 2022 Fairlawn Pkwy 2012 12 28 City State Zip Code Transaction ID: SA11AI.17336 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Sr. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wendy Colin Date of Receipt Mailing Address 985 Victor Road 11 30 2012 City State Zip Code Transaction ID: SA11AI.17343 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Director of Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wendy Colin Date of Receipt Mailing Address 985 Victor Road M M / 12 14 2012 City State Zip Code Transaction ID: SA11AI.17344 NY Macedon 14502 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care **Director of Pharmacy** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE NUMBER:					PAGE	· '	12 OF	:	54
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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	and Statements may not be sold or used by any per ng the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Wendy Colin Mailing Address 985 Victor Road		Date of Receipt
		12 28 2012
City	State Zip Code NY 14502	Transaction ID : SA11AI.17345
Macedon	14302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
MVP Health Care	Director of Pharmacy	_
Receipt For: Primary General Other (specify) ■	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial)	200.00	
Jeffrey Cooper		Date of Receipt
Mailing Address 625 State Street		11 30 Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.17346
Schenectady	NY 12305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Dir. Of Prod. Strategy/Mkt Research	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Jeffrey Cooper	1	Date of Receipt
Mailing Address 625 State Street		12 14 2012
City	State Zip Code	Transaction ID : SA11AI.17347
Schenectady	NY 12305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Dir. Of Prod. Strategy/Mkt Research	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (option	nal)	30.00
TOTAL This Period (last page this line nu	mber only)	1

	FOF	FOR LINE NUMBER:						13 OI	F	54
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Jeffrey Cooper Mailing Address 625 State Street		Date of Receipt
Mailing Address 625 State Street		12 28 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.17348
Schenectady	NY 12305	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	_
MVP Health Care, Inc.	Dir. Of Prod. Strategy/Mkt Research	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Laura Davis		Date of Receipt
Mailing Address 212 Meriline Ave.		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	11 30 2012 Transaction ID : SA11AI.17352
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
MVP Health Care	Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 212 Meriline Ave.		12 14 2012
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.17353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
MVP Health Care	Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	·····	50.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 14 OF 54 Use separate schedule(s) for each category of the Detailed Summary Page

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	nd Statements may not be sold or used by any per- the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Laura Davis		Date of Receipt
Mailing Address 212 Meriline Ave.		12 28 2012
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.17354
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.17355 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 7723 Majestic Drive		12 14 2012
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.17356 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	_
MVP	Regional Network Director	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line numl	<u>, </u>	
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		1

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		12 28 2012
City	State Zip Code	Transaction ID : SA11AI.17357
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP	Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt
ag / taa. eee 430 Klageriiii Koad		11 30 _2012 _
City	State Zip Code	Transaction ID : SA11AI.17364
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP	Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	960.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
Mailing Address 430 Ridgehill Road		12 14 2012
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.17365
·	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP	Treasurer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

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	d Statements may not be sold or used by any per the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼ 1040.00	Date of Receipt 12 28 2012 Transaction ID : SA11AI.17366 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Kathleen Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12159 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt 11 30 2012 Transaction ID: SA11AI.17370 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Kathleen Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12159 C Occupation Administrative Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 30 2012 Transaction ID : SA11AI.17371 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	····	60.00
TOTAL This Period (last page this line numb	er only)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kathleen Fish Date of Receipt Mailing Address 500 Normanskill Place 2012 12 City State Zip Code Transaction ID: SA11AI.17372 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 12 14 2012 City State Zip Code Transaction ID: SA11AI.17373 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place M = M 28 12 2012 City Zip Code State Transaction ID: SA11AI.17374 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2012 12 28 City Zip Code State Transaction ID: SA11AI.17375 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 1560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 11 30 2012 City State Zip Code Transaction ID: SA11AI.17382 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17383 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 2012 12 28 City Zip Code State Transaction ID: SA11AI.17384 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP Medical Quality Management MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave Apt 4 11 30 2012 City State Zip Code Transaction ID: SA11AI.17385 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave M = M 12 14 2012 Apt 4 City Zip Code State Transaction ID: SA11AI.17386 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2012 Apt 4 12 28 City State Zip Code Transaction ID: SA11AI.17387 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 11 30 2012 City State Zip Code Transaction ID: SA11AI.17391 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1920.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road M M / 12 14 2012 City Zip Code State Transaction ID: SA11AI.17392 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional).....

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2012 12 28 City Zip Code State Transaction ID: SA11AI.17396 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 1930.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Greppo Date of Receipt Mailing Address 134 Overlook Lane 11 30 2012 City State Zip Code Transaction ID: SA11AI.17397 NY Duanesburg 12056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP IT Ombudsman Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Greppo Date of Receipt Mailing Address 134 Overlook Lane M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17398 NY Duanesburg 12056 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation IT Ombudsman MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
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 Zip Code NY 12056 C Occupation IT Ombudsman Aggregate Year-to-Date ▼	Date of Receipt 12 28 2012 Transaction ID: SA11AI.17399 Amount of Each Receipt this Period
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 ▼ 600.00	Date of Receipt 11 30 2012 Transaction ID : SA11AI.17412 Amount of Each Receipt this Period 30.00
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 ▼ 630.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.17413 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line num	ber only).	

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al 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 ▼	Date of Receipt 12 28 2012 Transaction ID: SA11AI.17414 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date ▼ 720.00	Date of Receipt 11 30 2012 Transaction ID: SA11AI.17418 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date ▼ 750.00	Date of Receipt 12 14 2012 Transaction ID : SA11AI.17419 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	90.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 28 Fay Hill Prive		Date of Receipt
Mailing Address 38 Fox Hill Drive		12 28 2012
City	State Zip Code	Transaction ID : SA11AI.17420
Fairport	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	VP Information Technology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) 3. Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt
0::	7.0.1	11 30 2012
City	State Zip Code NY 12208	Transaction ID : SA11AI.17424
Albany	12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP of Legal Affairs	4
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		12 14 2012
City Albany	State Zip Code NY 12208	Transaction ID : SA11AI.17425 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	880.00	
SUBTOTAL of Receipts This Page (option	al)	90.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		12 28 2012
City	State Zip Code	Transaction ID : SA11AI.17426
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
MVP Health Care	VP of Legal Affairs	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 910.00	
Full Name (Last, First, Middle Initial) Linda Johnson Mailing Address 2707 Clover St.		Date of Receipt
Maining Address 2707 Clovel St.		11 30 _2012 _
City	State Zip Code	Transaction ID : SA11AI.17430
Pittsford	NY 14534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Direct Health Care Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Linda Johnson		Date of Receipt
Mailing Address 2707 Clover St.		12 14 2012
City Pittsford	State Zip Code NY 14534	Transaction ID : SA11AI.17431 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Direct Health Care Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	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 Zip Code NY 14534 C Occupation Direct Health Care Ops Aggregate Year-to-Date ▼ 260.00	Date of Receipt 12 28 2012 Transaction ID : SA11AI.17432 Amount of Each Receipt this Period 10.00
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 Zip Code NY 12309 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt 11 30 2012 Transaction ID : SA11AI.17448 Amount of Each Receipt this Period 10.00
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 Zip Code NY 12309 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt 12 14 2012 Transaction ID: SA11AI.17449 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)	

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Barbara Leonard Date of Receipt Mailing Address 848 DeCamp Avenue 2012 12 28 City Zip Code State Transaction ID: SA11AI.17450 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 11 30 2012 City State Zip Code Transaction ID: SA11AI.17451 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17452 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City State Charlotte VT FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) General	05445 ation	Date of Receipt 12 28 2012 Transaction ID: SA11AI.17453 Amount of Each Receipt this Period 30.00
Pagaint For:	14610	Date of Receipt 11 30 2012 Transaction ID : SA11AI.17466 Amount of Each Receipt this Period 20.00
Possint For:	14610	Date of Receipt 12 14 2012 Transaction ID : SA11AI.17467 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		70.00
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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 2012 12 28 City Zip Code State Transaction ID: SA11AI.17468 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP of Network Operations MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 11 30 2012 City State Zip Code Transaction ID: SA11AI.17469 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 12 14 2012 City Zip Code State Transaction ID: SA11AI.17470 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2012 12 28 City State Zip Code Transaction ID: SA11AI.17471 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 11 30 2012 City State Zip Code Transaction ID: SA11AI.17475 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17476 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2012 12 28 City Zip Code State Transaction ID: SA11AI.17477 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Michele Date of Receipt Mailing Address 24 Kraus Road 11 30 2012 City State Zip Code Transaction ID: SA11AI.17478 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Michele Date of Receipt Mailing Address 24 Kraus Road M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17479 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 33 OF 54 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Molloy Date of Receipt Mailing Address 84 York Ave. 2012 12 28 City Zip Code State Transaction ID: SA11AI.17483 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Dir. Of Strategic Accounts MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 11 30 2012 City State Zip Code Transaction ID: SA11AI.17496 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive M M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17497 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2012 12 28 City Zip Code State Transaction ID: SA11AI.17498 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 11 30 2012 City State Zip Code Transaction ID: SA11AI.17499 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle M M / 12 14 2012 City Zip Code State Transaction ID: SA11AI.17500 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 2012 12 28 City Zip Code State Transaction ID: SA11AI.17501 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. Everett Patterson Date of Receipt Mailing Address 1 Summit Ct., Ste 200 11 30 2012 City State Zip Code Transaction ID: SA11AI.17504 Fishkill NY 12524 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir. Of Sales-East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Everett Patterson Date of Receipt Mailing Address 1 Summit Ct., Ste 200 M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17502 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Dir. Of Sales-East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full)

or for commercial purposes, other than using	the name and address of any political committee to	Const. Contributions from Such Sommittee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Everett Patterson Mailing Address 1 Summit Ct., Ste 200		Date of Receipt
City Fishkill FEC ID number of contributing federal political committee.	State Zip Code NY 12524	Transaction ID : SA11AI.17503 Amount of Each Receipt this Period 10.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Dir. Of Sales-East Region Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland Dr. City	State Zip Code	Date of Receipt 11 30 2012 Transaction ID: SA11AI.17511
Niskayuna FEC ID number of contributing federal political committee. Name of Employer	NY 12309 C Occupation	Amount of Each Receipt this Period
MVP Health Care Receipt For: Primary General Other (specify) ▼	Assoc. Director , Group Reporting Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland Dr. City	State Zip Code	Date of Receipt 12 14 2012 Transaction ID: SA11Al.17512
Niskayuna FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Assoc. Director , Group Reporting Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		30.00
TOTAL This Period (last page this line numb	er only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 2012 12 28 City Zip Code State Transaction ID: SA11AI.17513 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Assoc. Director, Group Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Reiss Date of Receipt Mailing Address 5 Rockwood Drive 11 30 2012 City State Zip Code Transaction ID: SA11AI.17514 NY Newburgh 12550 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Account Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher Reiss Date of Receipt Mailing Address 5 Rockwood Drive M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17515 NY Newburgh 12550 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Account Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		13		14		15		16		17

Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive		Date of Receipt
		12 28 2012
City	State Zip Code	Transaction ID : SA11AI.17516
Newburgh	NY 12550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care	Account Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.17520
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) 2. Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		12 14 2012
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.17521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line number of		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Aneli Rivera-Platt Date of Receipt Mailing Address 215 Dunrovin Lane 2012 12 28 City State Zip Code Transaction ID: SA11AI.17528 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP HR Director Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 11 30 2012 City State Zip Code Transaction ID: SA11AI.17541 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17542 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City	State Zip Code	Date of Receipt 12 28 2012 Transaction ID: SA11Al.17543
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
MVP Receipt For: Primary General Other (specify) ▼	VP Sales Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) Diane Soehner Mailing Address 27 Stonefield Place		Date of Receipt
City	State Zip Code	11 30 2012
Honeoye Falls	NY 14472	Transaction ID : SA11AI.17559 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Director Medical Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Diane Soehner		Date of Receipt
Mailing Address 27 Stonefield Place		12 14 2012
City Honeoye Falls	State Zip Code NY 14472	Transaction ID : SA11AI.17560 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care	Director Medical Analysis	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	>	50.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Diane Soehner Date of Receipt Mailing Address 27 Stonefield Place 2012 12 28 City Zip Code State Transaction ID: SA11AI.17561 NY Honeoye Falls 14472 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Director Medical Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Stitt Date of Receipt Mailing Address 684 Macelroy Road 11 30 2012 City State Zip Code Transaction ID: SA11AI.17568 Ballston Spa NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP **Pharmacy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Stitt Date of Receipt Mailing Address 684 Macelroy Road M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17569 NY Ballston Spa 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP **Pharmacy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Stitt Date of Receipt Mailing Address 684 Macelroy Road 2012 12 28 City State Zip Code Transaction ID: SA11AI.17570 NY Ballston Spa 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Pharmacy Director Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 11 30 2012 City State Zip Code Transaction ID: SA11AI.17571 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive M M / 12 14 2012 City Zip Code State Transaction ID: SA11AI.17572 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2012 12 28 City Zip Code State Transaction ID: SA11AI.17573 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Douglas Tucker Date of Receipt Mailing Address 10 Braniff Drive 11 30 2012 City State Zip Code Transaction ID: SA11AI.17580 NY Camillus 13031 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Douglas Tucker Date of Receipt Mailing Address 10 Braniff Drive M = M 12 14 2012 City Zip Code State Transaction ID: SA11AI.17581 NY Camillus 13031 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Douglas Tucker Date of Receipt Mailing Address 10 Braniff Drive 2012 12 28 City Zip Code State Transaction ID: SA11AI.17582 NY Camillus 13031 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 11 30 2012 City State Zip Code Transaction ID: SA11AI.17583 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place M = M 12 14 2012 City State Zip Code Transaction ID: SA11AI.17584 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rico Viscusi Date of Receipt Mailing Address 234 Autumn Run 30 2012 11 City Zip Code State Transaction ID: SA11AI.17588 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir. Internal Audit Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Rico Viscusi Date of Receipt Mailing Address 234 Autumn Run 14 12 2012 City State Zip Code Transaction ID: SA11AI.17589 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Dir. Internal Audit Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Rico Viscusi Date of Receipt Mailing Address 234 Autumn Run M = M 12 28 2012 City Zip Code State Transaction ID: SA11AI.17590 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Dir. Internal Audit MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive 30 2012 11 City Zip Code State Transaction ID: SA11AI.17591 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive 12 2012 14 City State Zip Code Transaction ID: SA11AI.17592 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive 12 28 2012 City Zip Code State Transaction ID: SA11AI.17593 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 49 OF 54 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 30 2012 11 City Zip Code State Transaction ID: SA11AI.17597 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 14 12 2012 City State Zip Code Transaction ID: SA11AI.17598 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive M = M 28 12 2012 City Zip Code State Transaction ID: SA11AI.17599 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	and Statements may not be sold or used by any pering the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC	
Full Name (Last, First, Middle Initial) Joseph Wild Mailing Address 2040 Mill Road		Date of Receipt
		11 30 2012
City West Falls	State Zip Code NY 14170	Transaction ID : SA11AI.17600
FEC ID number of contributing federal political committee.	C 14170	Amount of Each Receipt this Period
Name of Employer MVP Health Care	Occupation Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) 3. Joseph Wild Mailing Address 2040 Mill Road		Date of Receipt
		12 14 2012
City	State Zip Code	Transaction ID : SA11AI.17601
West Falls FEC ID number of contributing federal political committee.	NY 14170	Amount of Each Receipt this Period
Name of Employer MVP Health Care	Occupation Sales Director	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Joseph Wild	ı	Date of Receipt
Mailing Address 2040 Mill Road		12 28 2012
City West Falls	State Zip Code NY 14170	Transaction ID : SA11AI.17602 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
MVP Health Care	Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (option	nal)	30.00
	<u> </u>	
IUIAL This Period (last page this line nu	mber only)	

	FOR LINE N	IUMBER:	PAGE	51 OF
Use separate schedule(s)	(check only of	one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
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	Statements may not be sold or used by any pers name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Jane Wisner Mailing Address 2819 Cuylerville Road		Date of Receipt
City Leicester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	State Zip Code NY 14481 C Occupation Director Communications	Transaction ID : SA11AI.17606 Amount of Each Receipt this Period 10.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Jane Wisner Mailing Address 2819 Cuylerville Road		Date of Receipt 12 14 2012
City Leicester FEC ID number of contributing federal political committee.	State Zip Code NY 14481	Transaction ID : SA11AI.17607 Amount of Each Receipt this Period 10.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Director Communications Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jane Wisner Mailing Address 2819 Cuylerville Road		Date of Receipt 12 28 2012
City Leicester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code NY 14481 C Occupation Director Communications Aggregate Year-to-Date ▼ 260.00	Transaction ID : SA11AI.17608 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	>	30.00
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Zdunczyk Date of Receipt Mailing Address 7 Cypress St 2012 11 30 City Zip Code State Transaction ID: SA11AI.17615 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care Manager Prospective Review Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gale Zdunczyk Date of Receipt Mailing Address 7 Cypress St 12 2012 14 City State Zip Code Transaction ID: SA11AI.17616 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care Manager Prospective Review Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Zdunczyk Date of Receipt Mailing Address 7 Cypress St 12 28 2012 City State Zip Code Transaction ID: SA11AI.17617 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care Manager Prospective Review Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 3400.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 53 OF 5
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	•
Any information copied from such Reports and States or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC)		
Full Name (Last, First, Middle Initial) A. CHRIS GIBSON FOR CONGRESS	S		Date of Disbursement
Mailing Address PO BOX 234			11 30 2012
SARATOGA SPRINGS	State Zip Code NY 12866		Transaction ID : SB23.17627
Purpose of Disbursement Political Contribution		011	Amount of Each Disbursement this Period
Candidate Name CHRISTOPHER P GIBSON		Category/ Type	1000.00
Senate President	nent For: 2012 Primary		
State: NY District: 19 Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	,	Category/ Type	
Office Sought: House Disbursen Senate President	nent For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser	nent For: Primary General Other (specify)		
			1000.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	1000.00

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

Excluding Loans

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

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