

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 PRINT Example: If typing, type over the lines. 12FE4M5 MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street Schenectady NY 12305

2. FEC IDENTIFICATION NUMBER C C00431429 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day Report for the: General, Runoff, Special.

5. Covering Period 11 / 27 / 2012 through 12 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Frank Fanshawe

Signature of Treasurer Frank Fanshawe [Electronically Filed] Date 01 / 30 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value=""/>	<input type="text" value="64574.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58805.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4192.00"/>	<input type="text" value="43423.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="62997.34"/>	<input type="text" value="107997.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1000.00"/>	<input type="text" value="46000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="61997.34"/>	<input type="text" value="61997.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="483.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3400.00	25180.00
(ii) Unitemized	792.00	18243.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4192.00	43423.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4192.00	43423.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4192.00	43423.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4192.00	43423.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	46000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	46000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	46000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4192.00	43423.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4192.00	43423.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

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

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

A. Christopher Amorosi
 Full Name (Last, First, Middle Initial)
 Mailing Address 57 Niskayuna Street
 City Schenectady State NY Zip Code 12306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Manager, Medicare Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11AI.17306
 Amount of Each Receipt this Period
 10.00

B. Nancy Arena
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Woodgreen Drive
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir., Acct. Mgmt. & Broker Admin.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.17307
 Amount of Each Receipt this Period
 10.00

C. Nancy Arena
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 Woodgreen Drive
 City Pittsford State NY Zip Code 14534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care Occupation Dir., Acct. Mgmt. & Broker Admin.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.17308
 Amount of Each Receipt this Period
 10.00

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

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

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

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

A. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Dir., Acct. Mgmt. & Broker Admin.
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : SA11Al.17309
Amount of Each Receipt this Period **10.00**

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1380.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11Al.17310
Amount of Each Receipt this Period **60.00**

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1440.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : SA11Al.17311
Amount of Each Receipt this Period **60.00**

SUBTOTAL of Receipts This Page (optional)..... **130.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11Al.17312
Amount of Each Receipt this Period
60.00

B. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 910.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11Al.17328
Amount of Each Receipt this Period
30.00

C. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 940.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11Al.17329
Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 9 Wembly Ct.

City Delmar State NY Zip Code 12054

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11AI.17330

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Carl Cameron

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.17331

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Carl Cameron

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11AI.17332

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER:	PAGE 10 OF 54
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Date of Receipt 12 / 28 / 2012
Transaction ID : SA11AI.17333
Amount of Each Receipt this Period 30.00

B. Justin Carangelo
Full Name (Last, First, Middle Initial)
Mailing Address 2022 Fairlawn Pkwy
City Niskayuna State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Sr. Associate Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11AI.17334
Amount of Each Receipt this Period 10.00

C. Justin Carangelo
Full Name (Last, First, Middle Initial)
Mailing Address 2022 Fairlawn Pkwy
City Niskayuna State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Sr. Associate Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2012
Transaction ID : SA11AI.17335
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00
TOTAL This Period (last page this line number only)..... ▶

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

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

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

A. Justin Carangelo
Full Name (Last, First, Middle Initial)
Mailing Address 2022 Fairlawn Pkwy
City Niskayuna State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Sr. Associate Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.17336
Amount of Each Receipt this Period
10.00

B. Wendy Colin
Full Name (Last, First, Middle Initial)
Mailing Address 985 Victor Road
City Macedon State NY Zip Code 14502
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Director of Pharmacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.17343
Amount of Each Receipt this Period
10.00

C. Wendy Colin
Full Name (Last, First, Middle Initial)
Mailing Address 985 Victor Road
City Macedon State NY Zip Code 14502
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Director of Pharmacy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.17344
Amount of Each Receipt this Period
10.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Mailing Address 985 Victor Road

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

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

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17345

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Jeffrey Cooper

Mailing Address 625 State Street

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

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

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17346

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Jeffrey Cooper

Mailing Address 625 State Street

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17347

Amount of Each Receipt this Period
10.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Jeffrey Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 625 State Street
City Schenectady State NY Zip Code 12305
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Dir. Of Prod. Strategy/Mkt Research
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.17348
Amount of Each Receipt this Period
10.00

B. Laura Davis
Full Name (Last, First, Middle Initial)
Mailing Address 212 Meriline Ave.
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Clinical Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.17352
Amount of Each Receipt this Period
20.00

C. Laura Davis
Full Name (Last, First, Middle Initial)
Mailing Address 212 Meriline Ave.
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Clinical Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.17353
Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

A. Laura Davis
Full Name (Last, First, Middle Initial)
Mailing Address 212 Meriline Ave.
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Clinical Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : SA11AI.17354
Amount of Each Receipt this Period **200.00**

B. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Network Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **960.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11AI.17355
Amount of Each Receipt this Period **40.00**

C. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Network Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : SA11AI.17356
Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional)..... **100.00**
TOTAL This Period (last page this line number only).....

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

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

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

A. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Network Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1040.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : SA11AI.17357
Amount of Each Receipt this Period **40.00**

B. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 430 Ridgehill Road
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Treasurer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **960.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11AI.17364
Amount of Each Receipt this Period **40.00**

C. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 430 Ridgehill Road
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Treasurer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : SA11AI.17365
Amount of Each Receipt this Period **40.00**

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

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

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

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

A. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City Schenectady State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11Al.17366
 Amount of Each Receipt this Period
 40.00

B. Kathleen Fish
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.17370
 Amount of Each Receipt this Period
 10.00

C. Kathleen Fish
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.17371
 Amount of Each Receipt this Period
 10.00

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

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

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

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

A. Kathleen Fish
Full Name (Last, First, Middle Initial)

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : SA11AI.17372

Amount of Each Receipt this Period
 10.00

B. Mark Fish
Full Name (Last, First, Middle Initial)

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : SA11AI.17373

Amount of Each Receipt this Period
 60.00

C. Mark Fish
Full Name (Last, First, Middle Initial)

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : SA11AI.17374

Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

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

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

A. Mark Fish
Full Name (Last, First, Middle Initial)

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1560.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11Al.17375

Amount of Each Receipt this Period
 60.00

B. Dominic Galante
Full Name (Last, First, Middle Initial)

Mailing Address 220 Alexander Street

City Rochester State NY Zip Code 14607

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

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.17382

Amount of Each Receipt this Period
 40.00

C. Dominic Galante
Full Name (Last, First, Middle Initial)

Mailing Address 220 Alexander Street

City Rochester State NY Zip Code 14607

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

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11Al.17383

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

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

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

Full Name (Last, First, Middle Initial)
A. Dominic Galante

Mailing Address 220 Alexander Street

City Rochester State NY Zip Code 14607

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

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11AI.17384

Amount of Each Receipt this Period
 40.00

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

Mailing Address 329 Mohawk Ave Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.17385

Amount of Each Receipt this Period
 10.00

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

Mailing Address 329 Mohawk Ave Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.17386

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

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

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

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

Mailing Address 329 Mohawk Ave
Apt 4

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care Occupation Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 28 / 2012
Transaction ID : SA11Al.17387

Amount of Each Receipt this Period
10.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1920.00

Date of Receipt
11 / 30 / 2012
Transaction ID : SA11Al.17391

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 14 / 2012
Transaction ID : SA11Al.17392

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.17393
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2080.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.17394
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1770.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.17395
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1850.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

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

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

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Health Care Occupation EVP & Chief Legal Officer, Pres. of Op

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1930.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11Al.17396

Amount of Each Receipt this Period
 80.00

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

Mailing Address 134 Overlook Lane

City Duanesburg State NY Zip Code 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.17397

Amount of Each Receipt this Period
 10.00

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

Mailing Address 134 Overlook Lane

City Duanesburg State NY Zip Code 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11Al.17398

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 134 Overlook Lane

City Duanesburg State NY Zip Code 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11AI.17399

Amount of Each Receipt this Period
10.00

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.17412

Amount of Each Receipt this Period
30.00

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
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 number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17414

Amount of Each Receipt this Period

30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17418

Amount of Each Receipt this Period

30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17419

Amount of Each Receipt this Period

30.00

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

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

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

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

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

Mailing Address 38 Fox Hill Drive

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11AI.17420

Amount of Each Receipt this Period
30.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11AI.17424

Amount of Each Receipt this Period
30.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11AI.17425

Amount of Each Receipt this Period
30.00

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

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

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

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

A. Dawn Jablonski
Full Name (Last, First, Middle Initial)
Mailing Address 213 Hansen Ave
City Albany State NY Zip Code 12208
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP of Legal Affairs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **910.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : SA11AI.17426
Amount of Each Receipt this Period **300.00**

B. Linda Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2707 Clover St.
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11AI.17430
Amount of Each Receipt this Period **10.00**

C. Linda Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2707 Clover St.
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 14 / 2012**
Transaction ID : SA11AI.17431
Amount of Each Receipt this Period **10.00**

SUBTOTAL of Receipts This Page (optional)..... **50.00**
TOTAL This Period (last page this line number only).....

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

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

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

A. Linda Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2707 Clover St.
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Direct Health Care Ops
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 28 / 2012**
Transaction ID : SA11AI.17432
Amount of Each Receipt this Period **10.00**

B. Barbara Leonard
Full Name (Last, First, Middle Initial)
Mailing Address 848 DeCamp Avenue
City Schenectady State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Administrative
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2012**
Transaction ID : SA11AI.17448
Amount of Each Receipt this Period **10.00**

C. Barbara Leonard
Full Name (Last, First, Middle Initial)
Mailing Address 848 DeCamp Avenue
City Schenectady State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Administrative
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

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).....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Barbara Leonard

Mailing Address 848 DeCamp Avenue

City State Zip Code
Schenectady NY 12309

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

Name of Employer Occupation
MVP Administrative

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **260.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11Al.17450

Amount of Each Receipt this Period
100.00

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

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

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

Name of Employer Occupation
MVP Service Corp. VP Vermont

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **720.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11Al.17451

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

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

Name of Employer Occupation
MVP Service Corp. VP Vermont

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **750.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11Al.17452

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11Al.17453

Amount of Each Receipt this Period
30.00

B. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Service Corp. Occupation VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11Al.17466

Amount of Each Receipt this Period
20.00

C. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Service Corp. Occupation VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11Al.17467

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**

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

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

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

FOR LINE NUMBER: PAGE 30 OF 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mr. Matthew J. Mackinnon

Mailing Address 1330 Park Avenue

City State Zip Code
 Rochester NY 14610

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

Name of Employer Occupation
 MVP Service Corp. VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11Al.17468

Amount of Each Receipt this Period
 20.00

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11Al.17469

Amount of Each Receipt this Period
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11Al.17470

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17471

Amount of Each Receipt this Period

50.00

30.00

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

Mailing Address 21 Joellen Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17475

Amount of Each Receipt this Period

50.00

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

Mailing Address 21 Joellen Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17476

Amount of Each Receipt this Period

50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21 Joellen Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : SA11Al.17477

Amount of Each Receipt this Period
50.00

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

Mailing Address 24 Kraus Road

City Albany	State NY	Zip Code 12203
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11Al.17478

Amount of Each Receipt this Period
10.00

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

Mailing Address 24 Kraus Road

City Albany	State NY	Zip Code 12203
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : SA11Al.17479

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....	70.00
TOTAL This Period (last page this line number only).....	

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

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

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

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

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012
Transaction ID : SA11Al.17480

Amount of Each Receipt this Period 10.00

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

Mailing Address 84 York Ave.

City Saratoga Spgs. State NY Zip Code 12866

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

Name of Employer MVP Health Care Occupation Dir. Of Strategic Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012
Transaction ID : SA11Al.17481

Amount of Each Receipt this Period 10.00

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

Mailing Address 84 York Ave.

City Saratoga Spgs. State NY Zip Code 12866

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

Name of Employer MVP Health Care Occupation Dir. Of Strategic Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2012
Transaction ID : SA11Al.17482

Amount of Each Receipt this Period 10.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 OF 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 84 York Ave.

City State Zip Code
Saratoga Spgs. NY 12866

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

Name of Employer Occupation
MVP Health Care Dir. Of Strategic Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.17483

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

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

Name of Employer Occupation
MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.17496

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

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

Name of Employer Occupation
MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.17497

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

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

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

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

A. Richard Odorizzi
Full Name (Last, First, Middle Initial)
Mailing Address 71 East Claremond Drive
City Voorheesville State NY Zip Code 12186
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Director of Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.17498
Amount of Each Receipt this Period
80.00

B. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle
City Albany State NY Zip Code 12205
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Corp VP of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.17499
Amount of Each Receipt this Period
30.00

C. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle
City Albany State NY Zip Code 12205
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Corp VP of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.17500
Amount of Each Receipt this Period
30.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. David Orlando			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 Transaction ID : SA11Al.17501
Mailing Address 3 Clare Castle			Amount of Each Receipt this Period 30.00
City Albany	State NY	Zip Code 12205	
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care	Occupation Corp VP of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) B. Everett Patterson			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11Al.17504
Mailing Address 1 Summit Ct., Ste 200			Amount of Each Receipt this Period 10.00
City Fishkill	State NY	Zip Code 12524	
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Everett Patterson			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11Al.17502
Mailing Address 1 Summit Ct., Ste 200			Amount of Each Receipt this Period 10.00
City Fishkill	State NY	Zip Code 12524	
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Everett Patterson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 Transaction ID : SA11AI.17503
Mailing Address 1 Summit Ct., Ste 200		Amount of Each Receipt this Period 10.00
City Fishkill	State NY	Zip Code 12524
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Dir. Of Sales-East Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) B. Donald Rahn		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.17511
Mailing Address 931 Northumberland Dr.		Amount of Each Receipt this Period 10.00
City Niskayuna	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Donald Rahn		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.17512
Mailing Address 931 Northumberland Dr.		Amount of Each Receipt this Period 10.00
City Niskayuna	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation Assoc. Director , Group Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

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

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

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17513

Amount of Each Receipt this Period

10.00

B. Christopher Reiss
Full Name (Last, First, Middle Initial)

Mailing Address 5 Rockwood Drive

City Newburgh	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Account Manager
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17514

Amount of Each Receipt this Period

10.00

C. Christopher Reiss
Full Name (Last, First, Middle Initial)

Mailing Address 5 Rockwood Drive

City Newburgh	State NY	Zip Code 12550
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Account Manager
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17515

Amount of Each Receipt this Period

10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christopher Reiss
Full Name (Last, First, Middle Initial)

Mailing Address 5 Rockwood Drive

City Newburgh State NY Zip Code 12550

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

Name of Employer MVP Health Care Occupation Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : SA11AI.17516

Amount of Each Receipt this Period
 10.00

B. Jennifer Rice
Full Name (Last, First, Middle Initial)

Mailing Address 22 Hemlock Drive

City Clifton Park State NY Zip Code 12065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : SA11AI.17520

Amount of Each Receipt this Period
 20.00

C. Jennifer Rice
Full Name (Last, First, Middle Initial)

Mailing Address 22 Hemlock Drive

City Clifton Park State NY Zip Code 12065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012

Transaction ID : SA11AI.17521

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 54
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Jennifer Rice

Mailing Address 22 Hemlock Drive

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17522

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Aneli Rivera-Platt

Mailing Address 215 Dunrovin Lane

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

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

Name of Employer MVP	Occupation HR Director
-------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17526

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. Aneli Rivera-Platt

Mailing Address 215 Dunrovin Lane

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

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

Name of Employer MVP	Occupation HR Director
-------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17527

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....	40.00
TOTAL This Period (last page this line number only).....	

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

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

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

Full Name (Last, First, Middle Initial) A. Aneli Rivera-Platt		Date of Receipt
Mailing Address 215 Dunrovin Lane		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Rochester State NY Zip Code 14618		Transaction ID : SA11Al.17528
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Occupation HR Director		<input type="text" value="700.00"/> 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="700.00"/> 260.00

Full Name (Last, First, Middle Initial) B. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Saratoga Springs State NY Zip Code 12866		Transaction ID : SA11Al.17541
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Occupation VP Sales		<input type="text" value="700.00"/> 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="700.00"/> 720.00

Full Name (Last, First, Middle Initial) C. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Saratoga Springs State NY Zip Code 12866		Transaction ID : SA11Al.17542
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Occupation VP Sales		<input type="text" value="700.00"/> 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="700.00"/> 750.00

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="700.00"/> 70.00
TOTAL This Period (last page this line number only).....▶	<input type="text" value="700.00"/>

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

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

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : SA11AI.17543

Amount of Each Receipt this Period
30.00

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

Mailing Address 27 Stonefield Place

City State Zip Code
Honeoye Falls NY 14472

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

Name of Employer Occupation
MVP Health Care Director Medical Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : SA11AI.17559

Amount of Each Receipt this Period
10.00

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

Mailing Address 27 Stonefield Place

City State Zip Code
Honeoye Falls NY 14472

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

Name of Employer Occupation
MVP Health Care Director Medical Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2012
Transaction ID : SA11AI.17560

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 50.00

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

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

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

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

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

Mailing Address 27 Stonefield Place

City Honeoye Falls State NY Zip Code 14472

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

Name of Employer MVP Health Care Occupation Director Medical Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11AI.17561

Amount of Each Receipt this Period
 10.00

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

Mailing Address 684 Macelroy Road

City Ballston Spa State NY Zip Code 12019

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

Name of Employer MVP Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.17568

Amount of Each Receipt this Period
 10.00

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

Mailing Address 684 Macelroy Road

City Ballston Spa State NY Zip Code 12019

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

Name of Employer MVP Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.17569

Amount of Each Receipt this Period
 10.00

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

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

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

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

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

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

Mailing Address 684 Macelroy Road

City	State	Zip Code
Ballston Spa	NY	12019

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

Name of Employer	Occupation
MVP	Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17570

Amount of Each Receipt this Period
10.00

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

Mailing Address 33 Everett Drive

City	State	Zip Code
Rochester	NY	14624

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

Name of Employer	Occupation
MVP	VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17571

Amount of Each Receipt this Period
50.00

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

Mailing Address 33 Everett Drive

City	State	Zip Code
Rochester	NY	14624

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

Name of Employer	Occupation
MVP	VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17572

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	110.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17573

Amount of Each Receipt this Period
50.00

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

Mailing Address 10 Braniff Drive

City Camillus	State NY	Zip Code 13031
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17580

Amount of Each Receipt this Period
10.00

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

Mailing Address 10 Braniff Drive

City Camillus	State NY	Zip Code 13031
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17581

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 46 OF 54	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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

Mailing Address 10 Braniff Drive

City	State	Zip Code
Camillus	NY	13031

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

Name of Employer	Occupation
MVP	Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : SA11Al.17582

Amount of Each Receipt this Period
100.00

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

Mailing Address 85 Pinehurst Place

City	State	Zip Code
Middletown	CT	06457

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

Name of Employer	Occupation
MVP	CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SA11Al.17583

Amount of Each Receipt this Period
30.00

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

Mailing Address 85 Pinehurst Place

City	State	Zip Code
Middletown	CT	06457

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

Name of Employer	Occupation
MVP	CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : SA11Al.17584

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

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

Mailing Address 234 Autumn Run

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Dir. Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.17588

Amount of Each Receipt this Period
 10.00

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

Mailing Address 234 Autumn Run

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Dir. Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.17589

Amount of Each Receipt this Period
 10.00

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

Mailing Address 234 Autumn Run

City State Zip Code
 Schenectady NY 12306

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

Name of Employer Occupation
 MVP Health Care Dir. Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11AI.17590

Amount of Each Receipt this Period
 10.00

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

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

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

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

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

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

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
11 / 30 / 2012

Transaction ID : SA11AI.17591

Amount of Each Receipt this Period
10.00

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

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
12 / 14 / 2012

Transaction ID : SA11AI.17592

Amount of Each Receipt this Period
10.00

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

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
12 / 28 / 2012

Transaction ID : SA11AI.17593

Amount of Each Receipt this Period
10.00

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

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

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

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

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

Full Name (Last, First, Middle Initial) A. Peter Whitehouse		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 Transaction ID : SA11AI.17597
Mailing Address 16 Oak Hill Drive		Amount of Each Receipt this Period 30.00
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP Health Care	Occupation Sales Director - NH/VT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

Full Name (Last, First, Middle Initial) B. Peter Whitehouse		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 Transaction ID : SA11AI.17598
Mailing Address 16 Oak Hill Drive		Amount of Each Receipt this Period 30.00
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP Health Care	Occupation Sales Director - NH/VT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Peter Whitehouse		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : SA11AI.17599
Mailing Address 16 Oak Hill Drive		Amount of Each Receipt this Period 30.00
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP Health Care	Occupation Sales Director - NH/VT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2040 Mill Road

City West Falls State NY Zip Code 14170

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012
Transaction ID : SA11AI.17600

Amount of Each Receipt this Period
 10.00

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

Mailing Address 2040 Mill Road

City West Falls State NY Zip Code 14170

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2012
Transaction ID : SA11AI.17601

Amount of Each Receipt this Period
 10.00

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

Mailing Address 2040 Mill Road

City West Falls State NY Zip Code 14170

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : SA11AI.17602

Amount of Each Receipt this Period
 10.00

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

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

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

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

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

A. Jane Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17606

Amount of Each Receipt this Period
10.00

B. Jane Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17607

Amount of Each Receipt this Period
10.00

C. Jane Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 2819 Cuylerville Road

City Leicester	State NY	Zip Code 14481
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.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 only).....▶	

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

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

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

Full Name (Last, First, Middle Initial)
A. Gale Zdunczyk

Mailing Address 7 Cypress St

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Manager Prospective Review
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : SA11Al.17615

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)
B. Gale Zdunczyk

Mailing Address 7 Cypress St

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Manager Prospective Review
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

Transaction ID : SA11Al.17616

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)
C. Gale Zdunczyk

Mailing Address 7 Cypress St

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Manager Prospective Review
-------------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : SA11Al.17617

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).....▶	3400.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CHRIS GIBSON FOR CONGRESS

Mailing Address PO BOX 234

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

CHRISTOPHER P GIBSON

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 30 / 2012

Transaction ID : SB23.17627

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

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

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

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

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

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

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

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