Image# 12972555761			_		PAGE 1 / 62
FEC FORM 3X	AND DIS	OF RECEIP BURSEMEN An Authorized Comm	TS		
	TYPE OR PRINT V	Example: If t		Office Use Or	lly
1. NAME OF COMMITTEE (in ful		Example: If to over the line		FE4M5	
MVP Health Car	e Inc. Federal PAC				
ADDRESS (number and s	treet) 625 State Street				
Check if differe	nt				
than previously reported. (ACC			NY	12305	
2. FEC IDENTIFICAT		CITY 🔺	STATE	E▲ ZIP	CODE 🔺
C C00431429		3. IS THIS REPORT X	NEW (N) OR	AMENDED (A)	
 4. TYPE OF REPO (Choose One) (a) Quarterly Repor April 15 Quarterly F July 15 Quarterly F Quarterly F October 15 Quarterly F January 31 Year-End F July 31 Mia Report (No Year Only) Termination 	ts: teport (Q1) teport (Q2) teport (Q2) teport (Q3) teport (YE) teport (YE) teport (YE) teport (YE) teport (YE) teport (Q3) teport (YE) teport (Q3) teport (YE) teport (Q3) teport (Q3)	Election on General	on (12C)	Runoff (30R)	Special (30S)
(TER)	M M / D D / Y	Election on		Sta	te of
-	07 01 01	2012 throug		rrect and complete.	
Type or Print Name of T Signature of Treasurer	Frank Fanshawe	[Electroni	cally Filed] Date	10 / D D 15	/ Y Y Y Y 2012
	e, erroneous, or incomplete i	nformation may subject the	person signing this Re	port to the penalties of	f 2 U.S.C. §437g.
Office Use Only					ORM 3X

10/15/2012 11 : 56

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name	
MVP Health Care Inc. Federal PAC	
Report Covering the Period: From: 07 01 2012 To: 09	30 / Y Y Y Y Y Y 2012
	LUMN B r Year-to-Date
6. (a) Cash on Hand January 1, 2012	64574.34
(b) Cash on Hand at Beginning of Reporting Period	
(c) Total Receipts (from Line 19) 12379.00	33597.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98171.34
7. Total Disbursements (from Line 31)	40500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	57671.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	

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

For further information contact:

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

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

	DETAILED SUMMARY PAGE of Receipts	
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
MVP Health Care Inc. Federal	I PAC	
Report Covering the Period: From:	07 01 2012 To:	M M / D D / Y Y Y Y Y 09 30 2012
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	8820.00	17460.00
(ii) Unitemized	3559.00	16137.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	► 12379.00	33597.00
	0.00	0.00
(b) Political Party Committees		
(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contributions (add Lines		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	12379.00	33597.00
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		7 7 7
(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
18. Transfers from Non-Federal and Levin	Funds	
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)	o))	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	► 12379.00	33597.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)	► 12379.00	33597.00
	7 7 7	

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ► Transfers to Affiliated/Other Party	0.00	0.0
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	23500.00	40500.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(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
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.0
With Federal Funds(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23500.00	40500.0
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	23500.00	40500.00

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12379.00	33597.00	
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12379.00	33597.00	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each catego Detailed Summ		×	11a 13		11b 14	11c	12 16	17	
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC									
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12866 ork Management Year-to-Date ▼	780.00			/ sactio	13 on ID :	SA11AI. Receipt th	nis Perioo	4 0.00
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	,	Zip Code 12866 ork Management Year-to-Date ▼	840.00			actio	27 on ID :	SA11AI. Receipt th	nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12866 ork Management Year-to-Date ▼	900.00			/ sacti	10 000 ID		nis Perioo	y d 0.00
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Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC									
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12866 Dork Management Year-to-Date ▼ 960.00			/ sactio	24 on ID :	SA11AI Receipt ti	his Perio	d 30.00]
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12866 ork Management Year-to-Date ▼ 1020.00			actio	07 on ID :	SA11AI Seceipt tl	his Perio	d i0.00]
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12866 ork Management Year-to-Date ▼ 1080.00			sactio	21 on ID	SA11AI Receipt ti	his Perio	d 60.00]
SUBTOTAL of Receipts This Page (optional)								18	0.00	1

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
	and Statements may not be sold or used by any ping the name and address of any political committe	person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede							
A. Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive	State Zip Code	Date of Receipt					
Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period					
Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 600.00]					
Full Name (Last, First, Middle Initial) B. Ms. Linda Borges Mailing Address 627 Salvia Lane		Date of Receipt					
City Schenectady FEC ID number of contributing federal political committee.	State Zip Code NY 12303	08 14 2012 Transaction ID : SA11AI.15321 Amount of Each Receipt this Period 250.00					
Name of Employer MVP Service Corp Receipt For:	Occupation Director of Compliance Aggregate Year-to-Date ▼ 250.00	1					
Full Name (Last, First, Middle Initial) C. Sue Brown Mailing Address 9 Wembly Ct.		Date of Receipt					
City Delmar FEC ID number of contributing federal political committee. Name of Employer	Delmar NY 12054 EC ID number of contributing deral political committee. C						
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	VP, EPMO Aggregate Year-to-Date ▼ 360.00]					
SUBTOTAL of Receipts This Page (optio	nal)	▶ 880.00					

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	y information copied from such Reports a for commercial purposes, other than using				for the	purp	ose o	f solic	iting co	ontribut	tions	/	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC											
<u> </u>	Full Name (Last, First, Middle Initial) Sue Brown				Date of	f Rec	ceipt						
	Mailing Address 9 Wembly Ct.				м м 07	/	20			2012	Y		
	City	State	Zip Code		Trans	actio			1AI.153				
	Delmar	NY	12054	_	Amoun	t of E	Each I	Receip	ot this I	Period			
	FEC ID number of contributing federal political committee.	С					,		,	250	.00]	
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	MVP Health Care, Inc.	VP, EPMO											
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	Primary General			11.									
	Other (specify)		610.00										
в.	Full Name (Last, First, Middle Initial) Sue Brown		Date of	f Rec	ceipt								
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	MVP Health Care, Inc.	VP, EPMO											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	1									
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С.	Mailing Address 9 Wembly Ct.					_	D			040	Y		
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	MVP Health Care, Inc.	VP, EPMO											
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SCHEDULE A	(FEC	Form	3X)
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC										
Α.	Mailing Address 9 Wembly Ct.	0	7.0.1		Date of		24		2	y y 2012	Y	
	City Delmar	State NY	Zip Code 12054	\vdash		action			-			
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	Name of Employer	Occupation	l									
	MVP Health Care, Inc.	VP, EPMO										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00]								
B.	Full Name (Last, First, Middle Initial) Sue Brown	l			Date of	Recei	pt					
	Mailing Address 9 Wembly Ct.		м м 09	/ [07			y y 2012	Y			
	City		Transaction ID : SA11AI.15339									
	Delmar	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.				- 7	_		7	30	.00]	
	Name of Employer MVP Health Care, Inc.	Occupation VP, EPMO										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.00]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Sue Brown				Date of	Recei	pt					
	Mailing Address 9 Wembly Ct.				м м 09	/	21) /		y y 2012	Y	
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	Other (specify)		760.00									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Any infor or for co	mation copied from such Reports a mmercial purposes, other than using	nd Statements may the name and a	I ay not be sold or used by any p address of any political committee	erson fo e to sol	13 or the icit co	purp ntribu	14 lose o utions	15 If soliciting from sucl	g contribu h commit	itions tee.		
	e of COMMITTEE (In Full) P Health Care Inc. Feder	al PAC										
A. Jen	lame (Last, First, Middle Initial) n ifer Cenzano g Address 1177 North Rd.				Date of		ceipt		2012	Ŷ		
City		State	Zip Code			actio		: SA11AI.				
W Gl	enville	NY	12010	A	Amount of Each Receipt this Period							
	ID number of contributing al political committee.	С					,		250	0.00		
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MVP I	Health Care	Director of	Accounting									
	pt For:	Aggregate	Year-to-Date V									
	Primary General		250.00	11								
	Other (specify)		230.00	4								
	lame (Last, First, Middle Initial) ra Davis				Date of	f Red	ceipt					
Mailin	Mailing Address 212 Meriline Ave.					07 13 2012						
City							on ID :	: SA11AI.	15387			
Scotia	a	NY 12302					Each I	Receipt th	nis Period	1		
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	of Employer	Occupation	1									
	Health Care	Clinical Pha	armacist									
	pt For:	Aggregate	Year-to-Date V									
	Primary General		280.00	11								
	Other (specify) ▼	280.00										
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Mailin	g Address 212 Meriline Ave.				м м 07	1	27		2012	Y		
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		Clinical Pha	armacist									
	pt For: Primary General	Aggregate	Year-to-Date ▼									
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and s or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 320.00	Date of Receipt
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City Cartia	State Zip Code NY 12302	Date of Receipt 08 24 2012 Transaction ID : SA11AI.15390
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	NY 12302 C Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 340.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	·	► 60.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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TIEWIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b		11c	12		1
Any information copied from such Reports or for commercial purposes, other than usi	and Statements maing the name and a	And the sold or used by any p ddress of any political committed	erson e to s	for the olicit co	purpo	14 ose o itions	of so fror	15 oliciting on such o	16 contribu committ	tions	17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC										
Full Name (Last, First, Middle Initial) A. Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Clinical Pha Aggregate				sactic	21 on ID	1 : SA		Period		
B. Full Name (Last, First, Middle Initial) Mailing Address 7723 Majestic Drive	State			sactio	13 on ID	3 : SA	11AI.15		Ŷ		
Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Regional N	13090 etwork Director Year-to-Date ▼ 560.00]	Amoun	nt of E	ach	Rec	eipt this		.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 13090 etwork Director Year-to-Date ▼ 600.00			sactic	27 on ID	7 :SA		Period		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political commi	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13090 C Occupation Occupation Regional Network Director Aggregate Year-to-Date ▼ 640.00	Date of Receipt 08 10 2012 Transaction ID : SA11AI.15395 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 680.00	Date of Receipt
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY Zip Code 13090 C Occupation Occupation Regional Network Director Aggregate Year-to-Date ▼ 720.00	Date of Receipt 09 07 2012 Transaction ID : SA11AI.15397 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than usi				for the	purpo	ose o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	-								
Full Name (Last, First, Middle Initial) A. Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP	Patricia Deferio Mailing Address 7723 Majestic Drive City State Zip Code Liverpool NY 13090 FEC ID number of contributing federal political committee. C C Name of Employer Occupation								y d 0.00
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 760.00]						
Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Treasurer Aggregate	Zip Code 12303 Year-to-Date ▼ 560.00			sactio	13 on ID :		nis Perioo	9 0.00
Full Name (Last, First, Middle Initial) C. Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Treasurer Aggregate	Zip Code 12303			sactic	27 27		nis Perioo	
SUBTOTAL of Receipts This Page (option	nal)				. ,	,		12().00

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.15413 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Treasurer Aggregate	Year-to-Date ▼ 640.00	
в.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City Schenectady FEC ID number of contributing federal political committee.	State NY	Zip Code 12303	08 24 2012 Transaction ID : SA11AI.15414 Amount of Each Receipt this Period 40.00
	Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Treasurer Aggregate	Year-to-Date ▼ 680.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road	State	Zip Code	09 07 2012 Transaction ID : SA11AI.15415
	Schenectady FEC ID number of contributing	NY	12303	Amount of Each Receipt this Period
	federal political committee.	Occupation		40.00
	MVP Receipt For: Primary General Other (specify)	Treasurer Aggregate	Year-to-Date ▼ 720.00	
s	UBTOTAL of Receipts This Page (optional)		•	120.00

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt	
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.15416 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		40.00	
	Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Treasurer Aggregate	Year-to-Date ▼ 760.00		
в.	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place			Date of Receipt	
	City Slingerlands	State NY	Zip Code 12159	07 13 2012 Transaction ID : SA11AI.15429 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		60.00	
	Name of Employer MVP Health Care	Occupation EVP, CFO			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00		
с.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt	
	Mailing Address 500 Normanskill Place			07 27 2012	
	City Slingerlands	State NY	Zip Code 12159	Transaction ID : SA11AI.15430 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	ě			
	Name of Employer MVP Health Care	Occupation EVP, CFO	l		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 900.00		
s	UBTOTAL of Receipts This Page (optional)			160.00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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62

TIEMIZED RECEIPTS		ategory of the Summary Page	X 11a	11b	11c		12	1 17
Any information copied from such Reports an or for commercial purposes, other than using	I Statements may not be solo the name and address of any	d or used by any pe y political committee	erson for the pu to solicit contri	14 Irpose c ibutions	of soliciti	ng cor uch co	16 htributi mmitte	0ns e.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC							
A. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	State Zip Code	9	Date of R	/ D	0		012	Y
Slingerlands FEC ID number of contributing federal political committee.	NY 12159		Amount o	f Each	Receipt	this P	eriod 60.0	00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) v	Occupation EVP, CFO Aggregate Year-to-Date	♥ 960.00						
B. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place			Date of R	leceipt		Y = Y 20	12	Ŷ
City Slingerlands FEC ID number of contributing federal political committee.	State Zip Code NY 12159		Transac	tion ID	: SA11A	AI.1543	32	
Name of Employer MVP Health Care	Occupation EVP, CFO							
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1020.00						
Full Name (Last, First, Middle Initial) C. Mark Fish			Date of R	eceipt				
Mailing Address 500 Normanskill Place	State Zip Code	9	09 Transac	tion ID	7	20	12 33	Ŷ
Slingerlands FEC ID number of contributing federal political committee.	NY 12159		Amount o	f Each	Receipt	this P	eriod 60.0	00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) v	Occupation EVP, CFO Aggregate Year-to-Date	▼ 1080.00						
SUBTOTAL of Receipts This Page (optional)							180.0	00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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TIEWIZED RECEIPTS		Detailed Summary Page		< 11a	11b	· [11c		12					
Any information copied from such Reports a	ny information copied from such Reports and Statements may for commercial purposes, other than using the name and add			13 for the	purpose	e of s	15 soliciti	ing cc	16 ntribut	tions	17			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	-													
Full Name (Last, First, Middle Initial) A. Mark Fish Mailing Address 500 Normanskill Place				Date o	of Receip	ot 21]′[1012	Y				
City Slingerlands FEC ID number of contributing	State NY	Zip Code 12159	_		saction I nt of Eac				Period					
federal political committee.	Occupation			<u> </u>	1.1	_	7		60.	00				
MVP Health Care Receipt For: Primary General Other (specify)	EVP, CFO Aggregate	Year-to-Date ▼ 1140.00]											
B. Full Name (Last, First, Middle Initial) Mailing Address 220 Alexander Street				Date o	of Receip	t 13	1 ′ Г	Y Y Y	012	Y				
City Rochester FEC ID number of contributing	State NY	Zip Code 14607		Trans	saction I nt of Eac	D : S		AI.154	53	.00	_			
federal political committee. Name of Employer MVP Health Care	Occupation	Quality Management	_		7		7							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 560.00]											
C. Full Name (Last, First, Middle Initial) Mailing Address 220 Alexander Street				Date o	of Receip	it D	1 / F	YY	Ý	Y				
City Rochester	State NY	Zip Code 14607			saction			AI.154		_				
FEC ID number of contributing federal political committee.	С								40.00					
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	I	Quality Management Year-to-Date 600.00]											
SUBTOTAL of Receipts This Page (optional	al)		<u> </u>						140.	00				

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

Use separate schedule(s) for each category of the

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62

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14607 C C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 640.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 680.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY Zip Code 14607 C C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 720.00	Date of Receipt 09 07 2012 Transaction ID : SA11AI.15457 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).....

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the		y person for the purpose of soliciting contributions itee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 760.00	Date of Receipt
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1120.00	Date of Receipt
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 1200.00 1200.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		. 200.00

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and St or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Date of Receipt 08 10 2012 Transaction ID : SA11AI.15475 Amount of Each Receipt this Period 80.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1360.00	Date of Receipt M M M / D D / 24 2012 Transaction ID : SA11AI.15476 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 1440.00 1440.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 240.00

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

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

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

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TEMIZED RECEIPTS		Detailed Summary Page		1 1a	11b		11c	12	
Any information copied from such Reports ar or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa									
Full Name (Last, First, Middle Initial) A. Patrick Glavey Mailing Address 165 Windemere Road City	State	Zip Code		м м 09	f Receipt	1	2	2012	Y
Rochester FEC ID number of contributing federal political committee.	NY C	14610			t of Each				00
Name of Employer MVP Receipt For: Primary General Other (specify) v	Occupation VP, Medicar Aggregate	re Products Year-to-Date ▼ 1520.00]						
Full Name (Last, First, Middle Initial) B. Denise Gonick Mailing Address 803 Via Marchella City	State	Zip Code		м м 07	f Receipt	3	2	012	Y
Schenectady FEC ID number of contributing federal political committee.	NY	12303			t of Each				00
Name of Employer MVP Health Care	Occupation EVP & Chie	f Legal Officer, Pres. of Op							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 980.00							
C. Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella				M M				Y Y	Y
City Schenectady	State NY	Zip Code 12303			2 saction ID t of Each		A11AI.15		
FEC ID number of contributing federal political committee.	С				7			80.	.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) v	Aggregate	f Legal Officer, Pres. of Op Year-to-Date ▼ 1060.00]						
SUBTOTAL of Receipts This Page (optional			<u> </u>					230.0	00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	×	11a	11b	11c		12	17							
Any information copied from such Reports or for commercial purposes, other than us	prmation copied from such Reports and Statements may not be sold or used by any person for the primercial purposes, other than using the name and address of any political committee to solicit or						person for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede																
Full Name (Last, First, Middle Initial) A. Denise Gonick Mailing Address 803 Via Marchella				ate of	Receipt			012	Y							
City Schenectady	State NY	Zip Code 12303		Trans	action ID of Each	: SA11/	AI.154	81								
FEC ID number of contributing federal political committee.	C					7		80.	00							
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	I	ef Legal Officer, Pres. of Op Year-to-Date ▼ 1140.00]													
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella			D	ate of ™■M	Receipt	D /	Y Y	Y	Y							
City	State	Zip Code			action ID	: SA11/	AI.154									
Schenectady FEC ID number of contributing federal political committee.	C	12303	A	mount	of Each	Receipt	this F	Period 80.	00							
Name of Employer MVP Health Care	Occupation EVP & Chie	f Legal Officer, Pres. of Op														
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1220.00														
Full Name (Last, First, Middle Initial) C. Denise Gonick	I		D	ate of	Receipt											
Mailing Address 803 Via Marchella	0	7.0.1		м м 09	/ D 0	7	20	012	Y							
City Schenectady	State NY	Zip Code 12303			of Each											
FEC ID number of contributing federal political committee.	С							80.	.00							
Name of Employer	Occupation															
MVP Health Care Receipt For: Primary General Other (specify)	I	ef Legal Officer, Pres. of Op Year-to-Date ▼ 1300.00]													
SUBTOTAL of Receipts This Page (optio	nal)							240.0	00							

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

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

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

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TTEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	-		
Full Name (Last, First, Middle Initial) A. Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:		Zip Code 12303 ef Legal Officer, Pres. of Op Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	1380.00]
B. Susan Gretkowski Mailing Address 66 Knight Lane	State VT	Zip Code 05495	Date of Receipt 07 20 2012 Transaction ID : SA11AI.15492
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	Occupation		Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) C. Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP	State NH C Occupation Vice Presid		Date of Receipt
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1120.00	
SUBTOTAL of Receipts This Page (option	nal)		410.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	ITEMIZED RECEIPTS		Detailed Summary Page		< 11a	11b		11c	12		
Ai	ny information copied from such Reports an for commercial purposes, other than using	nd Statements ma the name and a	l ay not be sold or used by any p iddress of any political committe	erson e to so	13 for the plicit co	purpose	of s s fro	15 oliciting o m such o	16 contribu committ	tions	17
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC									
Α.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road				M N		D		Y Y	Y	
	City	State	Zip Code		07 Tran	saction II	27 D:S		2012 		
	Loudon	NH	03307			nt of Each					
	FEC ID number of contributing federal political committee.	С				7		7	0	.00	
	Name of Employer	Occupation	1								
	MVP	Vice Presid	lent								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1120.00]							
В.	Full Name (Last, First, Middle Initial) David Henderson				Date c	of Receipt					
	Mailing Address 1 Loudon Heights				07		13		y y 2012	Y	
	City	State	Zip Code		Trans	saction ID): S	A11AI.15	499		
	Loudonville	NY	12211		Amour	nt of Each	Re	ceipt this	Period		
	FEC ID number of contributing federal political committee.	С				7		3	60	.00	
	Name of Employer	Occupation]								
	MVP	EVP, Sales	and Marketing								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00]							
<u>с</u> .	Full Name (Last, First, Middle Initial) David Henderson				Date c	of Receipt					
	Mailing Address 1 Loudon Heights				м 07		27		y y 2012	Y	
	City Loudonville	State NY	Zip Code 12211			saction II nt of Each					
	FEC ID number of contributing federal political committee.	C				7		7	60	0.00	
	Name of Employer	Occupation	1	_							
	MVP	EVP, Sales	and Marketing								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		900.00								
5	UBTOTAL of Receipts This Page (optional)		•					120.	00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	-		11b	11c		12	┌┐.	_
Any information copied from such Reports and or for commercial purposes, other than using th							g con		ons	7
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal									<u>.</u>	
Full Name (Last, First, Middle Initial) Allen/Mary Hinkle Mailing Address 65 Jenkins Rd City Lebanon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 03766 Medical Officer Year-to-Date ▼ 1000.00		sact	10 ion ID		20 .1550 his Pe		00]
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Administrativ Aggregate	Zip Code 12306 Ve Year-to-Date ▼ 300.00		sact	13 ion ID			12 5	00]
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Administrati	Zip Code 12306 ve Year-to-Date ▼ 330.00		sact	27		20 ⁻ 1.1551	16	_]
SUBTOTAL of Receipts This Page (optional)					7		,	1060.0)0	1

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12		
Any information copied from such Reports or for commercial purposes, other than us			person fo						
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed									
A. Full Name (Last, First, Middle Initial) Mailing Address 45 Crestwood Drive	State	Zip Code 12306		M M 08 Trans	action II	10 D : SA11AI		_	
FEC ID number of contributing federal political committee.	C			moun	t of Each	n Receipt t		d 0.00	
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrat Aggregate]						
B. Rosemarie Hogan Mailing Address 45 Crestwood Drive			Di	ate of		24	2012	Y	
City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.15518 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C			noun				0.00	
Name of Employer MVP	Occupation Administrat								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00							
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan			D	ate of	f Receipt	:			
Mailing Address 45 Crestwood Drive				м м 09		07 / Y	2012	Y	
City Schenectady	State NY	Zip Code 12306				D : SA11A Receipt t		k	
FEC ID number of contributing federal political committee.	C				7		30	0.00	
Name of Employer MVP	Occupation Administrat								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 420.00]						
SUBTOTAL of Receipts This Page (optic	nal)						90).00	

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

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17					
Any information copied from such Reports or for commercial purposes, other than us				for the	purpo	ose o	f soliciting	g contribu	utions					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed		· · · · ·												
A. Full Name (Last, First, Middle Initial) Mailing Address 45 Crestwood Drive				Date o		eipt	D / Y	Y Y	Y					
City Schenectady	State NY	Zip Code 12306					SA11AI							
FEC ID number of contributing federal political committee.	С			Amoun	it of E		Receipt th		0.00					
Name of Employer MVP	Occupation Administrat													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00												
Full Name (Last, First, Middle Initial) B. James R. Hopsicker														
		M M 08	/	D 14		2012	Y							
City	State	Zip Code					SA11AI.							
FEC ID number of contributing federal political committee.						Amount of Each Receipt this Period								
Name of Employer MVP Service Corp.	Occupation RPH	1												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00												
Full Name (Last, First, Middle Initial) C. Kevin Husted				Date o	f Rec	eipt								
Mailing Address 38 Fox Hill Drive				м м 07	/	D 13		у у 2012	Y					
City Fairport	State NY	Zip Code 14450					: SA11AI Receipt th		k					
FEC ID number of contributing federal political committee.	C				,	,		3	0.00					
Name of Employer	Occupation	1												
MVP	VP Informa	tion Technology												
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FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17			
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC										
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 14450 tion Technology Year-to-Date ▼ 450.00	Date of Receipt								
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 14450 tion Technology Year-to-Date ▼ 480.00			sacti	10	SA11AI Receipt t	his Perio	d 0.00		
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 14450 tion Technology Year-to-Date ▼ 510.00			sact	ion ID		his Perio	d 30.00		
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SCHEDULE A	(FEC	Form	3X)
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		Detailed Summary Page		1 1a	11b		11c	12		
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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any p address of any political committe	erson e to so	for the plicit co	purpose on tributions	of so s fror	liciting com m such c	ontribut ommitt	ions ee.	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC									
Full Name (Last, First, Middle Initial) A. Kevin Husted Mailing Address 38 Fox Hill Drive				M M				Y Y	Y	
City Fairport	State NY	Zip Code 14450			0 saction ID t of Each) : SA	A11AI.15		_	
FEC ID number of contributing federal political committee.	C				7		7		.00	
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Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Kevin Husted		5-0.00			f Receipt					
Mailing Address 38 Fox Hill Drive	State	Zip Code		09	2 action ID	21	2	2012	Y	
Fairport	NY	14450			t of Each					
FEC ID number of contributing federal political committee.	С				- 7			30.	.00	
Name of Employer MVP	Occupation VP Informa	i tion Technology								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00	1							
Full Name (Last, First, Middle Initial) C. Dawn Jablonski				Date of	f Receipt					
Mailing Address 213 Hansen Ave				м м 07		D 3		2012	Y	
City Albany	State NY	Zip Code 12208	_		saction ID t of Each				_	
FEC ID number of contributing federal political committee.	С						7	30	.00	
Name of Employer	Occupation	1								
MVP Health Care	VP of Lega	I Affairs								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	1							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		Detailed Summary Page	X 11	a 🗌	11b		1c	12						
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede														
Full Name (Last, First, Middle Initial) A. Dawn Jablonski Mailing Address 213 Hansen Ave	2		Date of Receipt											
City Albany	State NY	Zip Code 12208					1AI.15							
FEC ID number of contributing federal political committee.	C				,	necei	<i>y</i>		.00					
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MVP Health Care	VP of Legal	Affairs	_											
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Full Name (Last, First, Middle Initial) B. Dawn Jablonski			Date	of Re	eceipt									
Mailing Address 213 Hansen Ave			0		D 1(2012	Y					
City	State	Zip Code			-	-	1AI.155	-						
Albany	NY	12208	Amo	unt of	Each	Recei	pt this	Period						
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Name of Employer MVP Health Care	Occupation													
	VP of Legal		_											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 610.00]											
Full Name (Last, First, Middle Initial) C. Dawn Jablonski			Date	of Re	eceipt									
Mailing Address 213 Hansen Ave			M 0		D 24			y y 2012	Y					
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FEC ID number of contributing federal political committee.	C				,		,	30	.00					
Name of Employer	Occupation		_											
MVP Health Care	VP of Legal	Affairs												
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SCHEDULE A	(FEC	Form	3X)
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	ECEIPIS		for each category of the Detailed Summary Page		11a	11b		11c	12		
Any information copied from such Reports and Statements m		hay not be sold or used by any p	erson f	13 or the	14 purpose	of sol	15 liciting c	16 ontribut	tions	7	
	purposes, other than using MMITTEE (In Full) th Care Inc. Feder		ddress of any political committee	e to sol	licit co	ntribution	s from	1 such c	ommitte	ee.	
A. Dawn Jablo Mailing Address City Albany	s 213 Hansen Ave	State NY C Occupation VP of Legal Aggregate	Zip Code 12208 Affairs Year-to-Date ▼ 670.00		M M 09 Trans		07 D : SA	11AI.15	Period	Y .00]
B. Dawn Jable Mailing Addres	st, First, Middle Initial) D nski ^s 213 Hansen Ave	0111	7. 0. 1		Date of		21		2012	Y	
City Albany FEC ID numbe federal political	r of contributing committee.	State NY	Zip Code 12208			t of Each				.00]
Name of Emplo MVP Health Ca Receipt For: Primary Other (sp	General	Occupation VP of Legal Aggregate	Affairs Year-to-Date ▼ 700.00]							
c. Joseph Lia	st, First, Middle Initial) a ^s 12 Sutherland Drive				Date of		27		2012 _	Y	
City Highland Mills		State NY	Zip Code 10930			saction I t of Each	D : SA	11AI.15	600	_	
FEC ID numbe federal political	r of contributing committee.	С						,	0	.00]
Name of Emplo MVP Receipt For: Primary Other (sp	General		Iudson Region Year-to-Date ▼ 210.00]							
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 210.00	Date of Receipt 08 10 2012 Transaction ID : SA11AI.15601 Amount of Each Receipt this Period 0.00
Full Name (Last, First, Middle Initial) B. William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing	State Zip Code VT 05445	Date of Receipt 07 13 2012 Transaction ID : SA11AI.15602 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	C Occupation VP Vermont Aggregate Year-to-Date ▼ 420.00	30.00
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code VT 05445 C Occupation VP Vermont Aggregate Year-to-Date ▼ 450.00 450.00	Date of Receipt 07 27 2012 Transaction ID : SA11AI.15603 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		► 60.00

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X 11a 11b 12 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Α. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M M / 10 2012 08 City State Zip Code Transaction ID : SA11AI.15604 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M M 08 24 2012 City State Zip Code Transaction ID : SA11AI.15605 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primarv General 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M = M / D 09 07 2012 City Zip Code State Transaction ID : SA11AI.15606 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP** Vermont MVP Service Corp. Receipt For: Aggregate Year-to-Date V Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the ne		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	NC	
MVP Service Corp.	State Zip Code VT 05445 C Occupation Occupation /P Vermont Aggregate Year-to-Date ▼ 570.00	Date of Receipt 09 21 2012 Transaction ID : SA11AI.15607 Amount of Each Receipt this Period 30.00
MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation /P of Network Operations Aggregate Year-to-Date ▼ 280.00 280.00	Date of Receipt 07 13 2012 Transaction ID : SA11AI.15632 Amount of Each Receipt this Period 20.00
MVP Service Corp.	State Zip Code NY 14610 C C Occupation VP of Network Operations Aggregate Year-to-Date ▼ 300.00	Date of Receipt 07 27 2012 Transaction ID : SA11AI.15633 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	•	70.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		_	11a		11b		11c	12		
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements ma the name and a	Ay not be sold or used by any p ddress of any political committed	ersor e to :	n fo	13 r the cit co	pur pur	14 pose c outions	of sol	15 liciting on such of	16 contribu commit	tions	17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC											
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)		Zip Code 14610 ork Operations Year-to-Date ▼ 320.00			08 Fran :	sact) : SA		Period]
Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue		<u>η ι η ι π ι</u>	_	_	ate c 08		eceipt			ү ү 2012	Y	
City Rochester FEC ID number of contributing	State NY	Zip Code 14610	_						11AI.15 eipt this	Period	_	
federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼		ork Operations Year-to-Date ▼ 340.00]				5		7	20	.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue			_		ate c		eceipt	D	/	YY	Y	
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼		Zip Code 14610 ork Operations Year-to-Date ▼ 360.00		4	09 Fran	sact	0 ion ID	7 : SA		2012 5636 Period]
SUBTOTAL of Receipts This Page (optional).			•			_	7	_	,	60	.00]

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon			Date of Receipt
	Mailing Address 1330 Park Avenue	State	Zip Code	09 21 Y Y Y Y Y 2012
	Rochester	NY	14610	Transaction ID : SA11AI.15637 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer	Occupation		
	MVP Service Corp. Receipt For:		ork Operations	_
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		380.00]
в.	Full Name (Last, First, Middle Initial) Carl Maleri			Date of Receipt
	Mailing Address 19 Crimson Way			07 27 2012
	City	State	Zip Code	Transaction ID : SA11AI.15638
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		0.00
	Name of Employer MVP Health Care	Occupation		
	Receipt For:		vriting and Analysis	_
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	1
<u>с</u> .	Full Name (Last, First, Middle Initial) Carl Maleri			Date of Receipt
	Mailing Address 19 Crimson Way			M = M / D = D / Y = Y = Y = Y Y O8 10 2012 O10 O10
	City Webster	State NY	Zip Code 14580	Transaction ID : SA11AI.15639 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer	Occupation	1	—
	MVP Health Care	VP, Underv	writing and Analysis	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		280.00	1
5	SUBTOTAL of Receipts This Page (optional))		20.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 420.00 420.00	Date of Receipt 07 13 2012 Transaction ID : SA11AI.15642 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ Aggregate Year-to-Date ↓ 450.00	Date of Receipt 07 27 2012 Transaction ID : SA11AI.15643 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State NY Zip Code 12866 Image: Comparison of the state of the sta	Date of Receipt 08 10 2012 Transaction ID : SA11AI.15644 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		90.00

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		Detailed Summary Page		11a		11b		1c	12		
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ightarrow MVP Health Care Inc. Fede	ral PAC										
Full Name (Last, First, Middle Initial) A. Augusta Martin				Date of	f Bec	eint					
Mailing Address 457 Crescent Ave			-			D	D (V	(Y	V	
				08	ĺ Í	24			2012	. I.	
City	State	Zip Code		Trans	sactio	n ID	: SA1	1AI.156	645		
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FEC ID number of contributing federal political committee.	C				,			,	30	.00	
Name of Employer	Occupation										
MVP Health Care	VP Marketii	ng									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			11								
Other (specify)		510.00									
Full Name (Last, First, Middle Initial) B. Augusta Martin				Date of	f Rece	eipt					
Mailing Address 457 Crescent Ave				м м 09	/	D		Y Y 2	012	Y	
City	State	Zip Code			actio			1AI.156			
Saratoga	NY	12866						pt this I			
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Name of Employer	Occupation		_								
MVP Health Care	VP Marketir	ng									
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Full Name (Last, First, Middle Initial) C. Augusta Martin				Date of	f Rece	eint					
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Saratoga	NY	12866						pt this I			
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Name of Employer	Occupation										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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or for commercial purposes, other than usin	ig the name and a	ddress of any political committe	e to so	licit co	ntribution	s fror	m such c	ommitte	e.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC								
Full Name (Last, First, Middle Initial) A. Laurie Metheny				Date o	f Receipt				
Mailing Address 21 Joellen Drive				м м 07		3		2012	Y
City Rochester	State NY	Zip Code 14626					A11AI.156 ceipt this		
FEC ID number of contributing federal political committee.	C							50.	00
Name of Employer MVP	Occupation VP, Busine	ss Excellence							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00							
Full Name (Last, First, Middle Initial) B. Laurie Metheny				Date of	f Receipt				
Mailing Address 21 Joellen Drive	_			M M 07	/ D	D 27		2012	Y
City Rochester	State NY	Zip Code 14626					A11AI.156 ceipt this		
FEC ID number of contributing federal political committee.	C						-	50.	00
Name of Employer MVP	Occupation VP, Busines	ss Excellence							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]						
Full Name (Last, First, Middle Initial) C. Laurie Metheny				Date o	f Receipt				
Mailing Address 21 Joellen Drive				м м 08		0		2012	Y
City Rochester	State NY	Zip Code 14626					A11AI.150 ceipt this		
FEC ID number of contributing federal political committee.	С						7	50.	.00
Name of Employer MVP	Occupation VP, Busine	ss Excellence							
Receipt For: Primary General Other (specify) ▼	I	Year-to-Date ▼ 800.00]						
SUBTOTAL of Receipts This Page (option	al)							150.	00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	I Statements may not be sold or used by any p the name and address of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 850.00	Date of Receipt
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing	State Zip Code NY 14626	Date of Receipt 09 07 2012 Transaction ID : SA11AI.15660 Amount of Each Receipt this Period 50.00
federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 950.00	Date of Receipt 09 21 2012 Transaction ID : SA11AI.15661 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional).		150.00

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

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ITEMIZED REC	EIPTS

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Detailed Summary Page			-		11b	11c		12		_	
Any information copied from such Reports and S or for commercial purposes, other than using the								g con			/
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal											
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Director of F Aggregate	Zip Code 12186 Tinance Year-to-Date ▼ 280.00			sact	13 ion ID		.1569	12 8	Y 00]
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Director of F Aggregate	Zip Code 12186 inance Year-to-Date ▼ 300.00			sact	27 ion ID	sA11AI. Receipt ti		12 9	0]
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director of F Aggregate	Zip Code 12186 Finance Year-to-Date ▼ 320.00			sact	ion ID		201 1 570 .	0	_]
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	Г	_
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Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director of F Aggregate				sact	24		nis Perio		
Full Name (Last, First, Middle Initial) B. Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director of F Aggregate				sact	ion ID		nis Peric]
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	AC									
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date ▼	20.00	07 Tra	, ^M nsac	Receipt	3 : SA1	2 1AI.157	-	Y 00	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date ▼	0.00	07 Tra	, [™] nsac	tion ID f Each	: SA11	2 1 AI.15 7		Y 00	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P		
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12205 C Occupation Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 510.00	Date of Receipt
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12205 C Occupation Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 540.00	Date of Receipt 09 07 2012 Transaction ID : SA11AI.15708 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12205 C Occupation Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 570.00	Date of Receipt
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12065 caid & Safety Net Prods. Year-to-Date ▼ 280.00			sact	13 ion ID		20 1.157		У 00]
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12065 aid & Safety Net Prods. Year-to-Date ▼ 300.00			sact	27 ion ID	z SA11AI Receipt t	I.1574	012 49	Y 00]
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12065 caid & Safety Net Prods. Year-to-Date ▼ 320.00			sact	ion ID		20 1.157		_]
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 340.0	Date of Receipt 08 / 24 / 2012 Transaction ID : SA11AI.15751 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 360.0	Date of Receipt 09 07 2012 Transaction ID : SA11AI.15752 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clitton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 380.0	Date of Receipt 09 / 21 / 2012 Transaction ID : SA11AI.15753 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		60.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	OF COMMITTEE (In Full) Health Care Inc. Federal												
	me (Last, First, Middle Initial) as Ryan					Date o	of Re	ceipt					
Mailing	Address 24 Bluestone Ridge					07	/	27			y y y y y y y y y y y y y y y y y y y	Y	
City		State	Zip Code					ion ID	: SA1	1AI.15	790		
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	For: rimary General ther (specify) V	Aggregate	Year-to-Date ▼	330.00									
Full Nation	me (Last, First, Middle Initial) nas Ryan					Date o	of Re	ceipt					
Mailing	Address 24 Bluestone Ridge					M M	/	D 10		Y	2012	Y	
City		State	Zip Code			Trans	sacti	on ID :	: SA11	1AI.15	791		
Clifton	Park	NY	12065		/	Amoun	nt of	Each I	Receip	ot this	Period		
	number of contributing political committee.	С						,		7	0.	00	
	of Employer ealth Care	Occupation VP Underw											
Receipt	For:	Aggregate	Year-to-Date ▼		_								
	rimary General ther (specify) ▼		ý · · · ý ·	330.00									
	me (Last, First, Middle Initial) el Sauer					Date o	of Re	ceipt					
Mailing	Address 160 Fifth Avenue					м м 07	/	D 13			y y 2012	Y	
City		State	Zip Code			Tran	sact	ion ID	: SA1	1AI.15	5792		
Sarato	ga Springs	NY	12866			Amoun	nt of	Each I	Receip	ot this	Period		
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Name o	of Employer	Occupation											
MVP		VP Sales											
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	rimary General ther (specify) v		7 7	420.00									
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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TEMIZED RECEIPTS		Detailed Summary Page		_		11b	11c		12	<u> </u>	_
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC										
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation VP Sales Aggregate Y	Zip Code 12866 ///////////////////////////////////			/ sact	27 ion ID		20 . 1579		00]
Full Name (Last, First, Middle Initial) B. Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP	State NY C Occupation VP Sales	Zip Code 12866			/ acti	10 ion ID :			94	ў 00]
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 480.00									
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation VP Sales Aggregate Y	Zip Code 12866 //ear-to-Date ▼ 510.00			/ sact	ion ID		20 . 157 9		ОО]
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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	ailed Summary Page X 11a 11b 11c 12 13 14 15 16 17												
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC													
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 540.00 540.00	Date of Receipt												
Full Name (Last, First, Middle Initial) B. Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs	State Zip Code NY 12866	Date of Receipt 09 21 2012 Transaction ID : SA11AI.15797 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	C Occupation VP Sales Aggregate Year-to-Date 570.00	30.00												
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 700.00	Date of Receipt 07 13 2012 Transaction ID : SA11AI.15856 Amount of Each Receipt this Period 50.00												
SUBTOTAL of Receipts This Page (optional)		▶ 110.00												

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
		person for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 750.00 750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 14624	Date of Receipt 08 Transaction ID : SA11AI.15858 Amount of Each Receipt this Period 50.00
MVP Receipt For: Primary General Other (specify) ▼	VP, Sales Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY Zip Code NY 14624 C Occupation Occupation VP, Sales Aggregate Year-to-Date ▼ 850.00	Date of Receipt 08 24 2012 Transaction ID : SA11AI.15859 Amount of Each Receipt this Period 50.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12											
Any information copied from such Rep or for commercial purposes, other thar	orts and Statements may not be sold or used by any po using the name and address of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	ederal PAC												
Full Name (Last, First, Middle Initial A. Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt											
City	State Zip Code	Transaction ID : SA11AI.15860											
Rochester	NY 14624	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	50.00											
Name of Employer	Occupation	-											
MVP	VP, Sales												
Receipt For:	Aggregate Year-to-Date ▼												
Primary General	000.00	1											
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Full Name (Last, First, Middle Initial B. Tracy Tadaro-Ott)	Date of Receipt											
Mailing Address 33 Everett Drive		09 21 2012											
City	State Zip Code	Transaction ID : SA11AI.15861											
Rochester	NY 14624	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C	50.00											
Name of Employer	Occupation	—											
MVP	VP, Sales												
Receipt For:	Aggregate Year-to-Date ▼												
Primary General		1											
Other (specify)	950.00	1											
Full Name (Last, First, Middle Initial C. John Vangraafeiland)	Date of Receipt											
Mailing Address 85 Pinehurst Place		M M / D D / Y Y Y Y 07 13 2012											
City	State Zip Code	Transaction ID : SA11AI.15890											
Middletown	CT 06457	Amount of Each Receipt this Period											
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Name of Employer	Occupation	—											
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Primary General Other (specify) ▼	420.00	11											
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State CT C Occupation CIO		Date of Receipt
Other (specify)	Aggregate	Year-to-Date ▼ 450.00	1
Full Name (Last, First, Middle Initial) B. John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State CT C Occupation CIO	Zip Code 06457 Year-to-Date ▼	Date of Receipt
Other (specify)	Aggregate	480.00]
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State CT C Occupation CIO Aggregate	Zip Code 06457 Year-to-Date ▼ 510.00	Date of Receipt 08 24 2012 Transaction ID : SA11AI.15893 Amount of Each Receipt this Period 30.00
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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Vangraafeiland Α. Date of Receipt Mailing Address 85 Pinehurst Place M M / 07 2012 09 City State Zip Code Transaction ID : SA11AI.15894 СТ Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place М M 09 21 2012 City State Zip Code Transaction ID : SA11AI.15895 Middletown СТ 06457 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primarv General 570.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive M = M 1 / D D 07 13 2012 City Zip Code State Transaction ID : SA11AI.15919 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT **MVP Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		< 11a	11b		11c	12		_
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	Name of Employer	Occupation									
	MVP Health Care	Sales Direc	tor - NH/VT								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		450.00								
				11.							
в.	Full Name (Last, First, Middle Initial) Peter Whitehouse	·			Date o	f Receipt					
	Mailing Address 16 Oak Hill Drive				м м 08		D 10		2012	Y	
	City	State	Zip Code					A11AI.15			
	Loudon	NH	03307		Amoun	t of Each	Re	ceipt this	Period	i	
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	Name of Employer	Occupation									
	MVP Health Care	Sales Direc	tor - NH/VT								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Peter Whitehouse				Date o	f Receipt					
	Mailing Address 16 Oak Hill Drive				м м 08		D 24		ү ү 2012	Y	
	City Loudon	State NH	Zip Code 03307					A11AI.15			
	FEC ID number of contributing federal political committee.	С			Amoun	t of Each	Re	ceipt this		1 0.00	
	Name of Employer	Occupation									
	MVP Health Care	Sales Direc	tor - NH/VT								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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NAME OF COMMITTEE MVP Health Car	e Inc. Federal PA	ΥC															
Full Name (Last, First, A. Peter Whitehouse	Middle Initial)				Da	ate of	Rec	ceipt									
Mailing Address 16 Oal	: Hill Drive	Olaha	Z'n Onde		L	и м 09	/	D 07		2	012	Y					
City Loudon		State NH	Zip Code 03307	-						1AI.159							
FEC ID number of cont federal political committ	U U	С			Ar	nount	OTE	ach F	recei	pt this F	30.	00					
Name of Employer		Occupation															
MVP Health Care		Sales Direct	or - NH/VT														
Receipt For:		Aggregate `	Year-to-Date ▼														
Primary Other (specify) ▼	General		540.0	00													
Full Name (Last, First, B. Peter Whitehouse	Middle Initial)				D;	ate of	Rec	ceipt									
Mailing Address 16 Oak	Hill Drive					и м 09	/	D 21	D /	Y Y 21	ү 012	Y					
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Name of Employer		Occupation															
MVP Health Care		Sales Directe	or - NH/VT														
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	CHEDULE B (FEC Form 3X)	Use se	Use separate schedule(s)			LINE NUMBER: PAGE 58 OF											
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	y information copied from such Reports and State for commercial purposes, other than using the na																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_															
	MVP Health Care Inc. Federal PA	C															
Α.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE							Date o	f Dis	sburse	em	ent					
	Mailing Address PO BOX 3451							м м 09	/	D 1	0	1		012	Ŷ		
	City CONCORD	State NH	Zip Code 03302					Trans	sacti	on ID):	SB23.1	5982	2			
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	CHARLES F. BASS			Ty	ype	-				7	_			300	0.00		
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в.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE							Date o	f Dis	sburse	əm	ient					
	Mailing Address PO BOX 3451							м м 09	/	D 2	28	/		2012	Y		
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С.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRES	S						Date o	f Dis	sburse	əm	ient					
	Mailing Address PO BOX 247							м м 09	/	D 1	0	/		012	Y		
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\mathbb{N}	NAME OF COMMITTEE (In Full)														
	MVP Health Care Inc. Federal PAC	C													
Α.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS	5						Date of	f Dis	sburse	eme	ent			
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_	State: NY District: 20														
В.	Full Name (Last, First, Middle Initial) DOHENY FOR CONGRESS							Date of	f Dis	sburse	eme	ent			
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$ \rangle$	MVP Health Care Inc. Federal PAC	~													
۸	Full Name (Last, First, Middle Initial)	1						Date of		bure	on	aant			
	FRIENDS OF JEANNE SHAHEEN												V	Y	N
	Mailing Address 105 N STATE STREET							09	ĺ		12			012	T
	City	State	Zip Code					-				0.000	5004		
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		Primary	General												
	President	Other (sp	ecify) 🔻												
	State: NH District: 00														
	Full Name (Last, First, Middle Initial)														
В.	FRIENDS OF KELLY AYOTTE						I	Date of	Dis	sburs	em	nent			
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	Mailing Address PO BOX 233							09			10		2	012	
	5	State	Zip Code					Trans	acti	ion II	D :	SB23.	5988	3	
	NASHUA Purpose of Disbursement	NH	03061												
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	KELLY A AYOTTE				/pe	y/				7				200	0.00
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		Primary	General												
	President	Other (sp	ecify) 🔻												
_	State: NH District: 00														
c	Full Name (Last, First, Middle Initial)							Date of		buro	on	aant			
0.	FRIENDS OF NAN HAYWORTH														
	Mailing Address 51 Gleneida Avenue							м м 09	/		10			012	Y
		State	Zip Code					Trans	acti	ion II	D :	SB23. ⁴	5987	7	
	Carmel Purpose of Disbursement	NY	10512												
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	Candidate Name			Cate	-	o./		Amouni		Lau		/isbuise	ment	5	renou
	NAN HAYWORTH				/pe	y/		l						1500	0.00
	Office Sought: House Disburser	ment For:	2012												
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_	State: NY District: 18														
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SC	CHEDULE B (FEC Form 3X)			FOR LIN	IE NUMBER: PAGE 61 OF 62
IT	EMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page		b 22 X 23 24 25 26
	y information copied from such Reports and Stater for commercial purposes, other than using the nan				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				
	MVP Health Care Inc. Federal PAC	C			
-	Full Name (Last, First, Middle Initial) MAGGIE BROOKS FOR CONGRE	- 29			Date of Disbursement
		_33			
	Mailing Address PO BOX 10118				08 13 2012
	- 7	State NY	Zip Code		Transaction ID : SB23.15979
	ROCHESTER	INY	14610		
	Purpose of Disbursement			011	Amount of Each Disbursement this Period
				Category/	1000.00
	MAGGIE BROOKS	mant Fam		Туре	
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (spe	General		
	State: NY District: 25		•		
В.	Full Name (Last, First, Middle Initial) RICHARD HANNA FOR CONGRE	ESS CO	MMITTEE		Date of Disbursement
	Mailing Address 2308 GENESEE STREET				09 12 2012
	City UTICA	State NY	Zip Code 13502		Transaction ID : SB23.15994
	Purpose of Disbursement			011	Amount of Each Disbursement this Period
	Candidate Name				Amount of Lacit Disbursement this Fellod
	RICHARD HANNA			Category/ Type	2500.00
	Office Sought: X House Disburser	ment For:	2012		
		Primary	General		
	State: NY District: 24	Other (spe	ecify) 🔻		
_	Full Name (Last, First, Middle Initial)				
C.	TOM REED FOR CONGRESS				Date of Disbursement
	Mailing Address 99 W FIRST ST				09 10 2012
		State	Zip Code		Transaction ID : SB23.15986
	CORNING Purpose of Disbursement	NY	14830		
				011	Amount of Each Disbursement this Period
	Candidate Name			Category/	
	THOMAS W II REED			Type	3000.00
	Senate President	ment For: Primary Other (spe	General		
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SCHEDULE D (FEC Form 3X)		(1)	o concrete	PAGE 62 OF 62
DEBTS AND OBLIGATIONS			se separate chedule(s)	FOR LINE NUMBER:
Excluding Loans			for each nbered line)	(check only one) 9
NAME OF COMMITTEE (In Full)				X 10
MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debte	en en Onediten		Nature of D	
, , , , , , , , , , , , , , , , , , ,	or or Creditor		Check Prin	ebt (Purpose): ting
Deluxe Business Checks				
Mailing Address P.O. Box 742572				
City State	Zip Code		-	
Cincinnati	OH 452	74		
Outstanding Balance Beginning This Period			Transacti	on ID : SD10.4163
145.00				
Amount Incurred This Deviad	Dourmont Thi	o Doriod	Outotondi	a Delense et Class of This Devied
Amount Incurred This Period	Payment Thi		Outstandi	ng Balance at Close of This Period
0.00		0.00		145.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor		Nature of D	ebt (Purpose):
Media Well Done			Advertising	
			_	
Mailing Address 96 Jay Street				
City State	Zip Code		-	
Schenectady	NY 123	05		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4165
338.00				
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Amount Incurred This Period	Payment Thi		Outstandi	ng Balance at Close of This Period
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