



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		64574.34
(b) Cash on Hand at Beginning of Reporting Period.....	68792.34	
(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).....	81171.34	98171.34
7. Total Disbursements (from Line 31).....	23500.00	40500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	57671.34	57671.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	483.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8820.00	17460.00
(ii) Unitemized .....	3559.00	16137.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12379.00	33597.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	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 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12379.00	33597.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12379.00	33597.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12379.00	33597.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12379.00	33597.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
07 / 13 / 2012  
**Transaction ID : SA11AI.15292**  
Amount of Each Receipt this Period  
60.00

**B. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
07 / 27 / 2012  
**Transaction ID : SA11AI.15293**  
Amount of Each Receipt this Period  
60.00

**C. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25 Carriage House La.  
City Saratoga Spgs. State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation EVP, Network Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
08 / 10 / 2012  
**Transaction ID : SA11AI.15294**  
Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Karla Austen**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Carriage House La.

City Saratoga Spgs. State NY Zip Code 12866

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

Name of Employer MVP Health Care Occupation EVP, Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 24 / 2012**

**Transaction ID : SA11AI.15295**

Amount of Each Receipt this Period  
**60.00**

**B. Karla Austen**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Carriage House La.

City Saratoga Spgs. State NY Zip Code 12866

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

Name of Employer MVP Health Care Occupation EVP, Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2012**

**Transaction ID : SA11AI.15296**

Amount of Each Receipt this Period  
**60.00**

**C. Karla Austen**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Carriage House La.

City Saratoga Spgs. State NY Zip Code 12866

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

Name of Employer MVP Health Care Occupation EVP, Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11AI.15297**

Amount of Each Receipt this Period  
**60.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Mary Bianchi</b>		Date of Receipt MM / DD / YYYY 07 / 10 / 2012 <b>Transaction ID : SA11AI.15312</b>
Mailing Address 6 Doris Drive		Amount of Each Receipt this Period 600.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Service Corp	Occupation VP, Sales Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Ms. Linda Borges</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2012 <b>Transaction ID : SA11AI.15321</b>
Mailing Address 627 Salvia Lane		Amount of Each Receipt this Period 250.00
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C	Name of Employer MVP Service Corp	Occupation Director of Compliance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sue Brown</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : SA11AI.15334</b>
Mailing Address 9 Wembly Ct.		Amount of Each Receipt this Period 30.00
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation VP, EPMO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	880.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 9 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Sue Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **610.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : SA11AI.15335**  
 Amount of Each Receipt this Period  
**250.00**

**B. Sue Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15336**  
 Amount of Each Receipt this Period  
**30.00**

**C. Sue Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **670.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15337**  
 Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **310.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Sue Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 24 / 2012**  
**Transaction ID : SA11AI.15338**  
 Amount of Each Receipt this Period  
**30.00**

**B. Sue Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **730.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2012**  
**Transaction ID : SA11AI.15339**  
 Amount of Each Receipt this Period  
**30.00**

**C. Sue Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Ct.  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 21 / 2012**  
**Transaction ID : SA11AI.15340**  
 Amount of Each Receipt this Period  
**30.00**

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

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

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

FOR LINE NUMBER: PAGE 11 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1177 North Rd.

City State Zip Code  
 W Glenville NY 12010

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

Name of Employer Occupation  
 MVP Health Care Director of Accounting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.15354**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Laura Davis**

Mailing Address 212 Meriline Ave.

City State Zip Code  
 Scotia NY 12302

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

Name of Employer Occupation  
 MVP Health Care Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15387**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Laura Davis**

Mailing Address 212 Meriline Ave.

City State Zip Code  
 Scotia NY 12302

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

Name of Employer Occupation  
 MVP Health Care Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15388**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Laura Davis**

Mailing Address 212 Meriline Ave.

City State Zip Code  
Scotia NY 12302

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

Name of Employer Occupation  
MVP Health Care Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15389**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Laura Davis**

Mailing Address 212 Meriline Ave.

City State Zip Code  
Scotia NY 12302

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

Name of Employer Occupation  
MVP Health Care Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15390**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Laura Davis**

Mailing Address 212 Meriline Ave.

City State Zip Code  
Scotia NY 12302

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

Name of Employer Occupation  
MVP Health Care Clinical Pharmacist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15391**

Amount of Each Receipt this Period  
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Laura Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 212 Meriline Ave.  
City Scotia State NY Zip Code 12302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Clinical Pharmacist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **380.00**

Date of Receipt **09 / 21 / 2012**  
**Transaction ID : SA11AI.15392**  
Amount of Each Receipt this Period **200.00**

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive  
City Liverpool State NY Zip Code 13090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Regional Network Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **560.00**

Date of Receipt **07 / 13 / 2012**  
**Transaction ID : SA11AI.15393**  
Amount of Each Receipt this Period **40.00**

**C. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive  
City Liverpool State NY Zip Code 13090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Regional Network Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **600.00**

Date of Receipt **07 / 27 / 2012**  
**Transaction ID : SA11AI.15394**  
Amount of Each Receipt this Period **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SA11AI.15395**

Amount of Each Receipt this Period  

40.00
-------

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : SA11AI.15396**

Amount of Each Receipt this Period  

40.00
-------

**C. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11AI.15397**

Amount of Each Receipt this Period  

40.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 62
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.15398</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Regional Network Director	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="760.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mr. Frank Fanshawe</b>		Date of Receipt
Mailing Address 430 Ridgehill Road		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.15411</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Treasurer	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="560.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mr. Frank Fanshawe</b>		Date of Receipt
Mailing Address 430 Ridgehill Road		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.15412</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	Treasurer	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 16 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15413**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15414**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15415**  
 Amount of Each Receipt this Period  
 40.00

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



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

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

FOR LINE NUMBER: PAGE 17 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15416**  
 Amount of Each Receipt this Period  
 40.00

**B. Mark Fish**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Normanskill Place  
 City State Zip Code  
 Slingerlands NY 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care EVP, CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15429**  
 Amount of Each Receipt this Period  
 60.00

**C. Mark Fish**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Normanskill Place  
 City State Zip Code  
 Slingerlands NY 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Health Care EVP, CFO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15430**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer Occupation  
MVP Health Care EVP, CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15431**

Amount of Each Receipt this Period  
60.00

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer Occupation  
MVP Health Care EVP, CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15432**

Amount of Each Receipt this Period  
60.00

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer Occupation  
MVP Health Care EVP, CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15433**

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Fish</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2012 <b>Transaction ID : SA11AI.15434</b>
Mailing Address 500 Normanskill Place		Amount of Each Receipt this Period 60.00
City Slingerlands	State NY	Zip Code 12159
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP, CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Full Name (Last, First, Middle Initial) <b>B. Dominic Galante</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : SA11AI.15453</b>
Mailing Address 220 Alexander Street		Amount of Each Receipt this Period 40.00
City Rochester	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>C. Dominic Galante</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 <b>Transaction ID : SA11AI.15454</b>
Mailing Address 220 Alexander Street		Amount of Each Receipt this Period 40.00
City Rochester	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15455**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 680.00

Date of Receipt  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15456**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15458**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 165 Windemere Road

City State Zip Code  
 Rochester NY 14610

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

Name of Employer Occupation  
 MVP VP, Medicare Products

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15473**

Amount of Each Receipt this Period  
 80.00

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

Mailing Address 165 Windemere Road

City State Zip Code  
 Rochester NY 14610

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

Name of Employer Occupation  
 MVP VP, Medicare Products

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15474**

Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.15475</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.15476</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.15477</b>
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1440.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Patrick Glavey</b>		Date of Receipt
Mailing Address 165 Windemere Road		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11Al.15478</b>
Rochester	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="80.00"/>
Name of Employer	Occupation	
MVP	VP, Medicare Products	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Denise Gonick</b>		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11Al.15479</b>
Schenectady	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="70.00"/>
Name of Employer	Occupation	
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="980.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Denise Gonick</b>		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11Al.15480</b>
Schenectady	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="80.00"/>
Name of Employer	Occupation	
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1060.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Denise Gonick</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 <b>Transaction ID : SA11AI.15481</b>
Mailing Address 803 Via Marchella		Amount of Each Receipt this Period 80.00
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP & Chief Legal Officer, Pres. of Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1140.00	

Full Name (Last, First, Middle Initial) <b>B. Denise Gonick</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 <b>Transaction ID : SA11AI.15482</b>
Mailing Address 803 Via Marchella		Amount of Each Receipt this Period 80.00
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP & Chief Legal Officer, Pres. of Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1220.00	

Full Name (Last, First, Middle Initial) <b>C. Denise Gonick</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2012 <b>Transaction ID : SA11AI.15483</b>
Mailing Address 803 Via Marchella		Amount of Each Receipt this Period 80.00
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation EVP & Chief Legal Officer, Pres. of Op	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15484**

Amount of Each Receipt this Period  
 80.00

**B. Susan Gretkowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 66 Knight Lane

City Williston State VT Zip Code 05495

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

Name of Employer MVP Health Care Occupation Sr. Gov Affairs Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : SA11AI.15492**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15497**

Amount of Each Receipt this Period  
 80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	410.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Christopher Henchey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 144 Berry Road  
 City Loudon State NH Zip Code 03307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15498**  
 Amount of Each Receipt this Period  
 0.00

**B. David Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Loudon Heights  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15499**  
 Amount of Each Receipt this Period  
 60.00

**C. David Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Loudon Heights  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15500**  
 Amount of Each Receipt this Period  
 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Allen/Mary Hinkle**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Jenkins Rd

City Lebanon State NH Zip Code 03766

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

Name of Employer MVP Health Care Occupation EVP, Chief Medical Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11AI.15508**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11AI.15515**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11AI.15516**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1060.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 28 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15517**  
 Amount of Each Receipt this Period  
 30.00

**B. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15518**  
 Amount of Each Receipt this Period  
 30.00

**C. Rosemarie Hogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Crestwood Drive  
 City Schenectady State NY Zip Code 12306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15519**  
 Amount of Each Receipt this Period  
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15520**

Amount of Each Receipt this Period  
 30.00

**B. James R. Hopsicker**  
Full Name (Last, First, Middle Initial)

Mailing Address 4209 Oakdale CT

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Service Corp. Occupation RPH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2012  
**Transaction ID : SA11AI.15521**

Amount of Each Receipt this Period  
 750.00

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

Mailing Address 38 Fox Hill Drive

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15530**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	810.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2012

**Transaction ID : SA11AI.15531**

Amount of Each Receipt this Period  

30.00
-------

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SA11AI.15532**

Amount of Each Receipt this Period  

30.00
-------

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : SA11AI.15533**

Amount of Each Receipt this Period  

30.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 38 Fox Hill Drive

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt **09 / 07 / 2012**

**Transaction ID : SA11AI.15534**

Amount of Each Receipt this Period **30.00**

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

Mailing Address 38 Fox Hill Drive

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt **09 / 21 / 2012**

**Transaction ID : SA11AI.15535**

Amount of Each Receipt this Period **30.00**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **07 / 13 / 2012**

**Transaction ID : SA11AI.15542**

Amount of Each Receipt this Period **30.00**

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

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

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

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

FOR LINE NUMBER: PAGE 32 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dawn Jablonski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP of Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15543**  
 Amount of Each Receipt this Period  
 30.00

**B. Dawn Jablonski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP of Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15544**  
 Amount of Each Receipt this Period  
 30.00

**C. Dawn Jablonski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP of Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15545**  
 Amount of Each Receipt this Period  
 30.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **670.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15546**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15547**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15600**

Amount of Each Receipt this Period  
**0.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 12 Sutherland Drive

City Highland Mills	State NY	Zip Code 10930
------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of Mid-Hudson Region
-------------------------	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : SA11AI.15601**

Amount of Each Receipt this Period  
**0.00**

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11AI.15602**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 27 / 2012**

**Transaction ID : SA11AI.15603**

Amount of Each Receipt this Period  
**30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SA11AI.15604**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : SA11AI.15605**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11AI.15606**

Amount of Each Receipt this Period  

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11AI.15607**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11AI.15632**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 27 / 2012**

**Transaction ID : SA11AI.15633**

Amount of Each Receipt this Period  
**20.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mr. Matthew J. Mackinnon</b>			Date of Receipt MM / DD / YYYY 08 / 10 / 2012 <b>Transaction ID : SA11AI.15634</b>
Mailing Address 1330 Park Avenue			Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 320.00
Name of Employer MVP Service Corp.		Occupation VP of Network Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. Matthew J. Mackinnon</b>			Date of Receipt MM / DD / YYYY 08 / 24 / 2012 <b>Transaction ID : SA11AI.15635</b>
Mailing Address 1330 Park Avenue			Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 340.00
Name of Employer MVP Service Corp.		Occupation VP of Network Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Mr. Matthew J. Mackinnon</b>			Date of Receipt MM / DD / YYYY 09 / 07 / 2012 <b>Transaction ID : SA11AI.15636</b>
Mailing Address 1330 Park Avenue			Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 360.00
Name of Employer MVP Service Corp.		Occupation VP of Network Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt **09 / 21 / 2012**

**Transaction ID : SA11AI.15637**

Amount of Each Receipt this Period **20.00**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Health Care Occupation VP, Underwriting and Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 27 / 2012**

**Transaction ID : SA11AI.15638**

Amount of Each Receipt this Period **0.00**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Health Care Occupation VP, Underwriting and Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **08 / 10 / 2012**

**Transaction ID : SA11AI.15639**

Amount of Each Receipt this Period **0.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **20.00**

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

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

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

FOR LINE NUMBER: PAGE 39 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 457 Crescent Ave

City State Zip Code  
Saratoga NY 12866

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

Name of Employer Occupation  
MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15642**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code  
Saratoga NY 12866

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

Name of Employer Occupation  
MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15643**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code  
Saratoga NY 12866

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

Name of Employer Occupation  
MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15644**

Amount of Each Receipt this Period  
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15645**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15646**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15647**

Amount of Each Receipt this Period  
 30.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Joellen Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

**Transaction ID : SA11Al.15656**

Amount of Each Receipt this Period  

50.00
-------

**B. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Joellen Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2012

**Transaction ID : SA11Al.15657**

Amount of Each Receipt this Period  

50.00
-------

**C. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Joellen Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SA11Al.15658**

Amount of Each Receipt this Period  

50.00
-------

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

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

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

FOR LINE NUMBER: PAGE 42 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 21 Joellen Drive

City State Zip Code  
 Rochester NY 14626

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

Name of Employer Occupation  
 MVP VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15659**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 21 Joellen Drive

City State Zip Code  
 Rochester NY 14626

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

Name of Employer Occupation  
 MVP VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15660**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 21 Joellen Drive

City State Zip Code  
 Rochester NY 14626

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

Name of Employer Occupation  
 MVP VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Richard Odorizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 East Claremond Drive  
City Voorheesville State NY Zip Code 12186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 13 / 2012  
**Transaction ID : SA11AI.15698**  
Amount of Each Receipt this Period 20.00

**B. Richard Odorizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 East Claremond Drive  
City Voorheesville State NY Zip Code 12186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 27 / 2012  
**Transaction ID : SA11AI.15699**  
Amount of Each Receipt this Period 20.00

**C. Richard Odorizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 East Claremond Drive  
City Voorheesville State NY Zip Code 12186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 10 / 2012  
**Transaction ID : SA11AI.15700**  
Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 71 East Claremond Drive

City State Zip Code  
 Voorheesville NY 12186

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

Name of Employer Occupation  
 MVP Director of Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15701**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code  
 Voorheesville NY 12186

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

Name of Employer Occupation  
 MVP Director of Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15702**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code  
 Voorheesville NY 12186

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

Name of Employer Occupation  
 MVP Director of Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15703**

Amount of Each Receipt this Period  
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

**Transaction ID : SA11AI.15704**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2012

**Transaction ID : SA11AI.15705**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SA11AI.15706**

Amount of Each Receipt this Period  

30.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : SA11Al.15707**

Amount of Each Receipt this Period  
30.00

**B. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11Al.15708**

Amount of Each Receipt this Period  
30.00

**C. David Orlando**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care	Occupation Corp VP of Operations
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : SA11Al.15709**

Amount of Each Receipt this Period  
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer Rice</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2012 <b>Transaction ID : SA11AI.15748</b>
Mailing Address 22 Hemlock Drive		Amount of Each Receipt this Period 20.00
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. Jennifer Rice</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 <b>Transaction ID : SA11AI.15749</b>
Mailing Address 22 Hemlock Drive		Amount of Each Receipt this Period 20.00
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer Rice</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 <b>Transaction ID : SA11AI.15750</b>
Mailing Address 22 Hemlock Drive		Amount of Each Receipt this Period 20.00
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jennifer Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Hemlock Drive

City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Date of Receipt  
08 / 24 / 2012  
**Transaction ID : SA11AI.15751**

Amount of Each Receipt this Period  
20.00

**B. Jennifer Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Hemlock Drive

City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt  
09 / 07 / 2012  
**Transaction ID : SA11AI.15752**

Amount of Each Receipt this Period  
20.00

**C. Jennifer Rice**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Hemlock Drive

City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Date of Receipt  
09 / 21 / 2012  
**Transaction ID : SA11AI.15753**

Amount of Each Receipt this Period  
20.00

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



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

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

FOR LINE NUMBER: PAGE 49 OF 62  
(check only one)

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

Full Name (Last, First, Middle Initial)  
**A. Thomas Ryan**

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 27 / 2012**

**Transaction ID : SA11Al.15790**

Amount of Each Receipt this Period  
**0.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas Ryan**

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 10 / 2012**

**Transaction ID : SA11Al.15791**

Amount of Each Receipt this Period  
**0.00**

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

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 13 / 2012**

**Transaction ID : SA11Al.15792**

Amount of Each Receipt this Period  
**30.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Sauer</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 <b>Transaction ID : SA11Al.15793</b>
Mailing Address 160 Fifth Avenue		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Sauer</b>		Date of Receipt MM / DD / YYYY 08 / 10 / 2012 <b>Transaction ID : SA11Al.15794</b>
Mailing Address 160 Fifth Avenue		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Sauer</b>		Date of Receipt MM / DD / YYYY 08 / 24 / 2012 <b>Transaction ID : SA11Al.15795</b>
Mailing Address 160 Fifth Avenue		Amount of Each Receipt this Period 30.00
City Saratoga Springs	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

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

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

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

FOR LINE NUMBER: PAGE 51 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Daniel Sauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Fifth Avenue  
 City State Zip Code  
 Saratoga Springs NY 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP VP Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15796**  
 Amount of Each Receipt this Period  
 30.00

**B. Daniel Sauer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Fifth Avenue  
 City State Zip Code  
 Saratoga Springs NY 12866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP VP Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15797**  
 Amount of Each Receipt this Period  
 30.00

**c. Tracy Tadar-Ott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Everett Drive  
 City State Zip Code  
 Rochester NY 14624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP VP, Sales  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15856**  
 Amount of Each Receipt this Period  
 50.00

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

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

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

FOR LINE NUMBER: PAGE 52 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Tracy Tadar-Ott**  
 Mailing Address 33 Everett Drive  
 City Rochester State NY Zip Code 14624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2012  
**Transaction ID : SA11AI.15857**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Tracy Tadar-Ott**  
 Mailing Address 33 Everett Drive  
 City Rochester State NY Zip Code 14624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2012  
**Transaction ID : SA11AI.15858**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**c. Tracy Tadar-Ott**  
 Mailing Address 33 Everett Drive  
 City Rochester State NY Zip Code 14624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP, Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2012  
**Transaction ID : SA11AI.15859**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 53 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 33 Everett Drive

City State Zip Code  
 Rochester NY 14624

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

Name of Employer Occupation  
 MVP VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 07 / 2012  
**Transaction ID : SA11AI.15860**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 33 Everett Drive

City State Zip Code  
 Rochester NY 14624

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

Name of Employer Occupation  
 MVP VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 950.00

Date of Receipt  
 09 / 21 / 2012  
**Transaction ID : SA11AI.15861**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
 Middletown CT 06457

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

Name of Employer Occupation  
 MVP CIO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 07 / 13 / 2012  
**Transaction ID : SA11AI.15890**

Amount of Each Receipt this Period  
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 62
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 27 / 2012

**Transaction ID : SA11AI.15891**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 10 / 2012

**Transaction ID : SA11AI.15892**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 24 / 2012

**Transaction ID : SA11AI.15893**

Amount of Each Receipt this Period  
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 85 Pinehurst Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11AI.15894**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 85 Pinehurst Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : SA11AI.15895**

Amount of Each Receipt this Period  

30.00
-------

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	13	/	2012

**Transaction ID : SA11AI.15919**

Amount of Each Receipt this Period  

30.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 62
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	27	/	2012

**Transaction ID : SA11AI.15920**

Amount of Each Receipt this Period  

30.00
-------

**B. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

**Transaction ID : SA11AI.15921**

Amount of Each Receipt this Period  

30.00
-------

**C. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2012

**Transaction ID : SA11AI.15922**

Amount of Each Receipt this Period  

30.00
-------

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



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

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

FOR LINE NUMBER: PAGE 57 OF 62  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 16 Oak Hill Drive

City Loudon                      State NH                      Zip Code 03307

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2012**

**Transaction ID : SA11AI.15923**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 16 Oak Hill Drive

City Loudon                      State NH                      Zip Code 03307

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 21 / 2012**

**Transaction ID : SA11AI.15924**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address

City                                      State                                      Zip Code

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

Name of Employer                      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8820.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BASS VICTORY COMMITTEE**

Mailing Address PO BOX 3451

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement

011

Candidate Name

**CHARLES F. BASS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : SB23.15982**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. BASS VICTORY COMMITTEE**

Mailing Address PO BOX 3451

City State Zip Code  
CONCORD NH 03302

Purpose of Disbursement

011

Candidate Name

**CHARLES F. BASS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB23.16001**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 247

City State Zip Code  
KINDERHOOK NY 12106

Purpose of Disbursement

011

Candidate Name

**CHRIS P GIBSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2012

**Transaction ID : SB23.15985**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 247

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**CHRIS P GIBSON**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.15998**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. DOHENY FOR CONGRESS**

Mailing Address 65 HIGH STREET

City ALEXANDRIA BAY State NY Zip Code 13607

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**MATT DOHENY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

**Transaction ID : SB23.15996**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF FRANK GUINTA**

Mailing Address PO BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Frank Guinta**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SB23.15999**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

011

Candidate Name  
**JEANNE SHAHEEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	1	2

Transaction ID : SB23.15991

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement

011

Candidate Name  
**KELLY A AYOTTE**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	2

Transaction ID : SB23.15988

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address 51 Gleneida Avenue

City Carmel State NY Zip Code 10512

Purpose of Disbursement

011

Candidate Name  
**NAN HAYWORTH**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 18

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	2

Transaction ID : SB23.15987

Amount of Each Disbursement this Period

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

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

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MAGGIE BROOKS FOR CONGRESS**

Mailing Address PO BOX 10118

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

011

Candidate Name  
**MAGGIE BROOKS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 25

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 13 / 2012

Transaction ID : **SB23.15979**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. RICHARD HANNA FOR CONGRESS COMMITTEE**

Mailing Address 2308 GENESEE STREET

City UTICA State NY Zip Code 13502

Purpose of Disbursement

011

Candidate Name  
**RICHARD HANNA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2012

Transaction ID : **SB23.15994**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address 99 W FIRST ST

City CORNING State NY Zip Code 14830

Purpose of Disbursement

011

Candidate Name  
**THOMAS W II REED**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : **SB23.15986**

Amount of Each Disbursement this Period

3000.00

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

6500.00

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

23500.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 62
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 145.00	<b>Transaction ID : SD10.4163</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 145.00

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

Outstanding Balance Beginning This Period 338.00	<b>Transaction ID : SD10.4165</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

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