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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If over the line		12FE4M5	
MVP Health Care Inc. Fe	deral PAC				
ADDRESS (number and street)	S25 State Street				
Check if different than previously reported. (ACC)	Schenectady			NY _	12305
2. FEC IDENTIFICATION NUME	BER ▼	CITY		STATE A	ZIP CODE ▲
C C00431429	3.	. IS THIS REPORT	NEW (N) <b>OR</b>	× (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	L .	Mar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary		General (	
October 15 Quarterly Report (Q3)	Report for the	e. Convent	ion (12C)	Special (	123)
January 31 Year-End Report (YE)	Ele	ection on	/ D D /	Y   Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the		(30G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	·	ection on	/ D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 07	01 201	12 throu	gh 09	30	2012
certify that I have examined this F	-	t of my knowledge a	and belief it is tru	ue, correct and	complete.
Type or Print Name of Treasurer	Jordan T. Estey				
Signature of Treasurer Jordan T.	Estey	[Electron	ically Filed]	Date 05	28 2013
NOTE: Submission of false, erroneous	s, or incomplete inform	ation may subject the	person signing the	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

	FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
W	rite or Type Committee Name		. ago <b>2</b>
	//////////////////////////////////////	AC	
Re	eport Covering the Period: From:	07 01 / 2012 To:	09 / 30 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		64574.34
	(b) Cash on Hand at Beginning of Reporting Period	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 BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
	This committee has qualified as a mult	ricandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

M\/	P He	alth Ca	are Inc	. Federa	IPAC
1 V I V	1 110	aili O		. i Gudia	

Report Covering the Period: From: 07	01 2012 To	o: 09 30 / 2012	
I. Receipts	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	8820.00	17460.00	
(i) Itemized (use Schedule A)	7	7 7	
(ii) Unitemized	3559.00	16137.00	
(iii) TOTAL (add			
Lines 11(a)(i) and (ii)▶	12379.00	33597.00	
(h) Dolitical Douby Committees	0.00	0.00	
(b) Political Party 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	
2. Transfers From Affiliated/Other		0.00	
Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
. All Loans Neceived			
I. Loan Repayments Received	0.00	0.00	
5. Offsets To Operating Expenditures	7	7	
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
6. Refunds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts	2.22	2.00	
(Dividends, Interest, etc.)	0.00	0.00	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
, , , , , , , , , , , , , , , , , , , ,			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	12379.00	33597.00	
). 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		
. Operating Expenditures:  (a) Allocated Federal/Non-Federal		Calcillati icar-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) New Federal Obers	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating  Expenditures	0.00	0.00		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	23500.00	40500.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00			
(use Schedule F)	0.00	0.00		
Lean Denoymente Made	0.00	0.00		
Loan Repayments Made	7	0.00		
Loans Made	0.00	0.00		
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	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
() 1 333141 31413 11111111111111111111111				
(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	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23500.00	40500.00		
, , , , , , , , , , , , , , , , , , , ,	2 2	7000.00		
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

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

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#### : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA
Transaction ID:

5/28/13 -- The report was amended to correctly categorize several disbursements that were filed with incorrect election codes. Several disbursements were incorectly labled as 'primary' election contributions. Also, a \$5,000 contribution to another political committee was incorrectly labled as a transfer in the July quarterly report. The amended July quarterly report now corrects this error. This change remedies the discrepencies that were showing up in the October quarterly report in the year-to-date disbursement line. Please contact me if you have any further questions.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 2012 07 City Zip Code State Transaction ID: SA11AI.15292 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 07 27 2012 City State Zip Code Transaction ID: SA11AI.15293 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 80 10 2012 City Zip Code State Transaction ID: SA11AI.15294 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP Health Care EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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(check only one)									
[	X	11a		11b		11c	12		
		13		14		15	16	;	17

Full Name (Last, First, Middle Initial)  A. Karla Austen  Malling Address 25 Carriage House La.  City Saratoga Spgs.  NY 12886  FEC ID number of contributing federal political committee.  Name of Employer MP Health Care Primary General Other (specify) ▼  Cocupation  EVP, Network Management Receipt For: Primary General Other (specify) ▼  Cocupation  EVP, Network Management Receipt For: Primary General Other (specify) ▼  Cocupation  EVP, Network Management  Aggregate Year-to-Date ▼  Transaction ID: SA11A1.15295  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Cocupation  EVP, Network Management  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11A1.15295  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Date of Receipt  Transaction ID: SA11A1.15296  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Date of Receipt  Transaction ID: SA11A1.15296  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11A1.15296  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11A1.15296  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11A1.15297  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11A1.15297  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11A1.15297  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Cocupation  EVP, Network Management  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11A1.15297  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11A1.15297  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11A1.15297  Amount of E	NAME OF COMMITTEE (In Full)  NOTE: MVP Health Care Inc. Federa	the name and address of any political committee	to solicit contributions from such committee.
Rederal political committee.   Comparison   Cocupation	Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.  City	State Zip Code	08 24 2012 Transaction ID : SA11AI.15295
Mailing Address 25 Carriage House La.  City Saratoga Spgs.  State NY 12866  FEC ID number of contributing Gederal Other (specify)  Full Name (Last, First, Middle Initial)  Karla Austen  Mailing Address 25 Carriage House La.  City Saratoga Spgs.  NY 12866  Amount of Each Receipt this Period  FUP, Network Management  Aggregate Year-to-Date ▼  Pill Name (Last, First, Middle Initial)  Karla Austen  Mailing Address 25 Carriage House La.  City Saratoga Spgs.  State NY 12866  Date of Receipt  Transaction ID: SA11AL15296  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL15297  Amount of Each Receipt  Date of Receipt  Amount of Each Receipt  Date of Receipt  Transaction ID: SA11AL15297  Amount of Each Receipt this Period  EVP, Network Management  FEC ID number of contributing federal political committee.  C  Name of Employer MVP Health Care Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1080.00	federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary General	Occupation EVP, Network Management  Aggregate Year-to-Date ▼	60.00
Mailing Address 25 Carriage House La.  City Saratoga Spgs.  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care Receipt For: Primary Other (specify) ▼  Date of Receipt  M M M M D D D D D D D D D D D D D D D	Mailing Address 25 Carriage House La.  City Saratoga Spgs.  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For:  Primary General	NY 12866  C  Occupation  EVP, Network Management  Aggregate Year-to-Date ▼	09 07 2012 Transaction ID : SA11AI.15296
180	City Saratoga Spgs.  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care Receipt For: Primary General	NY 12866  C Occupation EVP, Network Management Aggregate Year-to-Date ▼	09 21 2012 Transaction ID : SA11AI.15297
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	180.00

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

FOR LINE NUMBER:				PAGE	9	OF	67	
(che	ck only	or	ne)					
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	13		14		15	16	;	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial)  Ms. Mary Bianchi  Mailing Address 6 Doris Drive		Date of Receipt
City	State Zip Code	07 10 2012 Transaction ID : SA11AI.15312
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer	Occupation	
MVP Service Corp	VP, Sales Ops	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  3. Ms. Linda Borges		Date of Receipt
Mailing Address 627 Salvia Lane		08 14 2012
City	State Zip Code	Transaction ID : SA11AI.15321
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
MVP Service Corp	Director of Compliance	-
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	, 250.00	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address 9 Wembly Ct.		07 13 2012
City Delmar	State Zip Code NY 12054	Transaction ID : SA11AI.15334  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	VP, EPMO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	880.00
TOTAL This Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 07 20 2012 City Zip Code State Transaction ID: SA11AI.15335 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 610.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 07 27 2012 City State Zip Code Transaction ID: SA11AI.15336 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 80 10 2012 City Zip Code State Transaction ID: SA11AI.15337 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP, EPMO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 670.00 Other (specify) 310.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 80 2012 24 City Zip Code State Transaction ID: SA11AI.15338 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 09 07 2012 City State Zip Code Transaction ID: SA11AI.15339 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 730.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 09 21 2012 City Zip Code State Transaction ID: SA11AI.15340 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP, EPMO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Jennifer Cenzano Date of Receipt Mailing Address 1177 North Rd. 2012 08 City Zip Code State Transaction ID: SA11AI.15354 NY W Glenville 12010 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation MVP Health Care Director of Accounting Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 07 13 2012 City State Zip Code Transaction ID: SA11AI.15387 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 07 27 2012 City Zip Code State Transaction ID: SA11AI.15388 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 10 2012 08 City Zip Code State Transaction ID: SA11AI.15389 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 08 24 2012 City State Zip Code Transaction ID: SA11AI.15390 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 09 07 2012 City Zip Code State Transaction ID: SA11AI.15391 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 2012 21 City Zip Code State Transaction ID: SA11AI.15392 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 07 13 2012 City State Zip Code Transaction ID: SA11AI.15393 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 07 27 2012 City State Zip Code Transaction ID: SA11AI.15394 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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### SCHEDULE A (FEC Form 3X)

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

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ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 10 2012 08 City State Zip Code Transaction ID: SA11AI.15395 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 08 24 2012 City State Zip Code Transaction ID: SA11AI.15396 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 09 07 2012 City State Zip Code Transaction ID: SA11AI.15397 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 2012 21 City Zip Code State Transaction ID: SA11AI.15398 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 07 13 2012 City State Zip Code Transaction ID: SA11AI.15411 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 07 27 2012 City Zip Code State Transaction ID: SA11AI.15412 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  A. Mr. Frank Fanshawe  Mailing Address 430 Ridgebill Road		Date of Receipt
Mailing Address 430 Ridgehill Road		08 10 2012
City	State Zip Code	Transaction ID : SA11AI.15413
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP	Treasurer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
Other (specify) ▼	640.00	
Full Name (Last, First, Middle Initial)  Mr. Frank Fanshawe	,	Date of Receipt
Mailing Address 430 Ridgehill Road		08 24 2012
City	State Zip Code	Transaction ID : SA11AI.15414
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	680.00	
Full Name (Last, First, Middle Initial)  C. Mr. Frank Fanshawe	1	Date of Receipt
Mailing Address 430 Ridgehill Road		09 07 2012
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.15415
	12505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	120.00
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2012 08 10 City State Zip Code Transaction ID: SA11AI.15431 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 08 24 2012 City State Zip Code Transaction ID: SA11AI.15432 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 1020.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 09 07 2012 City State Zip Code Transaction ID: SA11AI.15433 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2012 21 City Zip Code State Transaction ID: SA11AI.15434 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 07 13 2012 City State Zip Code Transaction ID: SA11AI.15453 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 07 27 2012 City Zip Code State Transaction ID: SA11AI.15454 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP Medical Quality Management MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 10 2012 08 City Zip Code State Transaction ID: SA11AI.15455 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP Medical Quality Management MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 80 24 2012 City State Zip Code Transaction ID: SA11AI.15456 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 09 07 2012 City Zip Code State Transaction ID: SA11AI.15457 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any persibe name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	I PAC	
Full Name (Last, First, Middle Initial)  Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		09 21 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.15458  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer  MVP Health Care  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation VP Medical Quality Management  Aggregate Year-to-Date ▼  760.00	-
Full Name (Last, First, Middle Initial)  Patrick Glavey  Mailing Address 165 Windemere Road		Date of Receipt
City Rochester	State Zip Code NY 14610	7 13 2012 Transaction ID : SA11AI.15473 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer MVP	Occupation VP, Medicare Products	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1120.00	
Full Name (Last, First, Middle Initial)  C. Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		07 27 2012
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.15474  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	-
MVP Receipt For:  □ Primary □ General  Other (specify) ▼	VP, Medicare Products  Aggregate Year-to-Date ▼  1200.00	_
SUBTOTAL of Receipts This Page (optional).		200.00
TOTAL This Period (last page this line number		

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for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
	13	14	15	16

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  Patrick Glavey  Mailing Address 165 Windemere Road		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.15475
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  80.00
Name of Employer  MVP  Receipt For:	Occupation VP, Medicare Products	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  1280.00	
Full Name (Last, First, Middle Initial)  Patrick Glavey  Mailing Address 165 Windemere Road		Date of Receipt
City	State Zip Code	08 24 2012 Transaction ID : SA11AI.15476
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.00	
Full Name (Last, First, Middle Initial)  C. Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		09 07 2012
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.15477  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer	Occupation	
MVP	VP, Medicare Products	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1440.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	240.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2012 21 City Zip Code State Transaction ID: SA11AI.15478 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 07 13 2012 City State Zip Code Transaction ID: SA11AI.15479 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 980.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 07 27 2012 City Zip Code State Transaction ID: SA11AI.15480 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation EVP & Chief Legal Officer, Pres. of Op MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1060.00 Other (specify) 230.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial)  Denise Gonick  Mailing Address 803 Via Marchella		Date of Receipt
		08 10 2012
City	State Zip Code	Transaction ID : SA11AI.15481
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	1
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1140.00	
Full Name (Last, First, Middle Initial)  Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		08 24 2012
City	State Zip Code	Transaction ID : SA11AI.15482
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	80.00
Name of Employer	Occupation	
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1220.00	
Full Name (Last, First, Middle Initial)  Denise Gonick	1	Date of Receipt
Mailing Address 803 Via Marchella		09 07 2012
City	State Zip Code	Transaction ID : SA11AI.15483
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	1
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional	1)	240.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2012 21 City Zip Code State Transaction ID: SA11AI.15484 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 1380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Susan Gretkowski Date of Receipt Mailing Address 66 Knight Lane 20 07 2012 City State Zip Code Transaction ID: SA11AI.15492 Williston VT 05495 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation MVP Health Care Sr. Gov Affairs Specialist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 07 13 2012 City Zip Code State Transaction ID: SA11AI.15497 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1120.00 Other (specify) 410.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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		13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road  City Loudon  FEC ID number of contributing federal political committee.	State Zip Code NH 03307	Date of Receipt    M
Name of Employer  MVP  Receipt For:  Primary General  Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date ▼  1120.00	
Full Name (Last, First, Middle Initial)  David Henderson  Mailing Address 1 Loudon Heights  City  Loudonville	State Zip Code NY 12211	Date of Receipt  07 13 2012  Transaction ID : SA11AI.15499
FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:	Occupation  EVP, Sales and Marketing  Aggregate Year-to-Date	Amount of Each Receipt this Period  60.00
Primary General  Other (specify) ▼	840.00	
Full Name (Last, First, Middle Initial)  David Henderson  Mailing Address 1 Loudon Heights  City	State Zip Code	Date of Receipt    M
Loudonville  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General  Other (specify) ▼	NY 12211  C Occupation EVP, Sales and Marketing  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional).		120.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	
,	
Full Name (Last, First, Middle Initial)  Allen/Mary Hinkle  Mailing Address 65 Jenkins Rd	Date of Receipt
	07 10 2012
City State Zip Code Lebanon NH 03766	Transaction ID : SA11AI.15508  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	1000.00
Name of Employer  MVP Health Care  EVP, Chief Medical Officer  Receipt For:	
Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial)  Rosemarie Hogan  Mailing Address 45 Creatured Prince	Date of Receipt
Mailing Address 45 Crestwood Drive	07 13 2012
City State Zip Code Schenectady NY 12306	Transaction ID : SA11AI.15515
Schenectady  NY 12306  FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period  30.00
Name of Employer  MVP  Administrative	
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)	2. (2
Rosemarie Hogan  Mailing Address 45 Crestwood Drive	Date of Receipt  07 27 2012
City State Zip Code Schenectady NY 12306	Transaction ID : SA11AI.15516  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	30.00
Name of Employer Occupation	-
MVP Administrative	
Receipt For:  ☐ Primary ☐ Other (specify) ▼  Aggregate Year-to-Date ▼  330.00	
SUBTOTAL of Receipts This Page (optional)	1060.00
TOTAL This Period (last page this line number only)	

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### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 30 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 2012 21 City Zip Code State Transaction ID: SA11AI.15520 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. James R. Hopsicker Date of Receipt Mailing Address 4209 Oakdale CT 08 2012 14 City State Zip Code Transaction ID: SA11AI.15521 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation MVP Service Corp. **RPH** Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 07 13 2012 City Zip Code State Transaction ID: SA11AI.15530 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 810.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 31 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2012 07 27 City Zip Code State Transaction ID: SA11AI.15531 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 08 10 2012 City State Zip Code Transaction ID: SA11AI.15532 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 80 24 2012 City Zip Code State Transaction ID: SA11AI.15533 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 32 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 07 2012 City Zip Code State Transaction ID: SA11AI.15534 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 09 21 2012 City State Zip Code Transaction ID: SA11AI.15535 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 07 13 2012 City Zip Code State Transaction ID: SA11AI.15542 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOR LIN	e number	:   PAGE	E 33 O	F
Use separate schedule(s)	(check or	ıly one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Detailed Summary Page	13	14	15	16	Г

67

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City	State Zip Code	Date of Receipt  O7 27 2012  Transaction ID: SA11AI.15543
Albany  FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary  General	NY 12208  C Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  30.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City  Albany	State Zip Code NY 12208	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For:  Primary General Other (specify)	Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼  610.00	30.00
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 12208  C  Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼  640.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	90.00
TOTAL This Period (last page this line numb	per only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 34 OF 67 Use separate schedule(s) (check only one)

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  MVP Health Care  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 12208  C  Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼  670.00	Date of Receipt  9 07 2012  Transaction ID : SA11AI.15546  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave  City Albany  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For: Primary Other (specify)	State Zip Code NY 12208  C  Occupation VP of Legal Affairs  Aggregate Year-to-Date ▼	Date of Receipt  9 21 2012  Transaction ID: SA11AI.15547  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Joseph Lia  Mailing Address 12 Sutherland Drive  City Highland Mills  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify)	State Zip Code NY 10930  C  Occupation VP of Mid-Hudson Region  Aggregate Year-to-Date ▼  210.00	Date of Receipt  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)	

FOR LINE NUMBER: PAGE 35 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Joseph Lia Date of Receipt Mailing Address 12 Sutherland Drive 10 2012 City State Zip Code Transaction ID : SA11AI.15601 NY Highland Mills 10930 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. Name of Employer Occupation MVP VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 07 13 2012 City State Zip Code Transaction ID: SA11AI.15602 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 07 27 2012 City Zip Code State Transaction ID: SA11AI.15603 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any per- ng the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial)  William V. Little  Mailing Address 300 Partridge Lane		Date of Receipt
		08 10 2012
City	State Zip Code VT 05445	Transaction ID : SA11AI.15604
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Service Corp.	VP Vermont	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 480.00	
Other (specify)	480.00	
Full Name (Last, First, Middle Initial)  3. William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane	0	08 24 2012
City Charlotte	State Zip Code VT 05445	Transaction ID : SA11AI.15605
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Service Corp.	VP Vermont	-
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	510.00	
Full Name (Last, First, Middle Initial)	-	Date of Receipt
Mailing Address 300 Partridge Lane		09 07 2012
City	State Zip Code VT 05445	Transaction ID : SA11AI.15606
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Service Corp.	VP Vermont	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	540.00	
SUBTOTAL of Receipts This Page (option	nal)	90.00
	<u> </u>	
TOTAL This Period (last page this line null	mber only)	

FOR LINE NUMBER: PAGE 37 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) William V. Little Date of Receipt Mailing Address 300 Partridge Lane 2012 09 21 City State Zip Code Transaction ID: SA11AI.15607 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Vermont MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 07 13 2012 City State Zip Code Transaction ID: SA11AI.15632 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP of Network Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 07 27 2012 City Zip Code State Transaction ID: SA11AI.15633 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Network Operations MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)  Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue  City  Rochester  FEC ID number of contributing federal political committee.	State Zip Code NY 14610	Date of Receipt  08 10 2012  Transaction ID: SA11AI.15634  Amount of Each Receipt this Period  20.00
Name of Employer  MVP Service Corp.  Receipt For:  Primary General  Other (specify) ▼	Occupation  VP of Network Operations  Aggregate Year-to-Date ▼  320.00	
Full Name (Last, First, Middle Initial)  Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue  City  Rochester	State Zip Code NY 14610	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General	NY 14610  C  Occupation  VP of Network Operations  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  20.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NY 14610  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MVP Service Corp.  Receipt For:  Primary General  Other (specify) ▼	VP of Network Operations  Aggregate Year-to-Date ▼  360.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	60.00
TOTAL This Period (last page this line number	er only)	

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,		13		14		15		16		17

17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Date of Receipt Mailing Address 1330 Park Avenue 2012 21 City Zip Code State Transaction ID: SA11AI.15637 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP of Network Operations MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 07 27 2012 City State Zip Code Transaction ID: SA11AI.15638 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 0.00 federal political committee. Name of Employer Occupation MVP Health Care VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 80 10 2012 City Zip Code State Transaction ID: SA11AI.15639 NY Webster 14580 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	Ī	Ī	7	Ī	Ī	7	Ī		20.00	)	
TOTAL This Period (last page this line number only)	_	_	7	_	_	7	Ξ	_	_	_	]

280.00

C

Occupation

VP, Underwriting and Analysis

Aggregate Year-to-Date ▼

0.00

FEC ID number of contributing

General

federal political committee.

Other (specify)

Name of Employer

MVP Health Care Receipt For:

Primary

	FOR LINE NUMBER: PAG	iE 40 OF
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for each category of the Detailed Summary Page	X 11a 11b 11c	12
	13 14 15	16

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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any pers g the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial)  Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		07 13 2012
City	State Zip Code	Transaction ID : SA11AI.15642
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	†
MVP Health Care	VP Marketing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial)  Augusta Martin	•	Date of Receipt
Mailing Address 457 Crescent Ave		07 27 2012
City	State Zip Code	Transaction ID : SA11AI.15643
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP Marketing	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		08 10 2012
City	State Zip Code	Transaction ID : SA11AI.15644
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
CURTOTAL of December This December (artises		90.00
SUBTUTAL OF Receipts This Page (options	al)	
TOTAL This Period (last page this line nun	ober only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2012 24 City State Zip Code Transaction ID: SA11AI.15645 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 09 07 2012 City State Zip Code Transaction ID: SA11AI.15646 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 09 21 2012 City State Zip Code Transaction ID: SA11AI.15647 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Marketing** MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP Receipt For: Primary General	State Zip Code NY 14626  C  Occupation VP, Business Excellence  Aggregate Year-to-Date ▼	Date of Receipt  07 13 2012  Transaction ID: SA11AI.15656  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Laurie Metheny  Mailing Address 21 Joellen Drive  City  Rochester  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary  General	State Zip Code NY 14626  C  Occupation VP, Business Excellence  Aggregate Year-to-Date ▼  750.00	Date of Receipt  07 27 2012  Transaction ID : SA11AI.15657  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Laurie Metheny  Mailing Address 21 Joellen Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary Other (specify) ▼	State Zip Code NY 14626  C  Occupation VP, Business Excellence  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / 2012  Transaction ID: SA11AI.15658  Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optional	al)	150.00
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 43 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2012 08 24 City Zip Code State Transaction ID: SA11AI.15659 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 09 07 2012 City State Zip Code Transaction ID: SA11AI.15660 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 09 21 2012 City Zip Code State Transaction ID: SA11AI.15661 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial)  A. Richard Odorizzi  Mailing Address, 71 Fact Claremond Prive		Date of Receipt
Mailing Address 71 East Claremond Drive		07 13 2012
City	State Zip Code	Transaction ID : SA11AI.15698
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP	Director of Finance	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  280.00	
Other (specify)	280.00	
Full Name (Last, First, Middle Initial)  Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		07 27 _2012 _
City	State Zip Code	Transaction ID : SA11AI.15699
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP	Director of Finance	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial)  C. Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		08 102012
City	State Zip Code	Transaction ID : SA11AI.15700
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP	Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional)		60.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 45 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2012 08 24 City Zip Code State Transaction ID: SA11AI.15701 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 09 07 2012 City State Zip Code Transaction ID: SA11AI.15702 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 09 21 2012 City Zip Code State Transaction ID: SA11AI.15703 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 46 OF Use separate schedule(s) (check only one)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial)  A. David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		07 13 2012
City State	Zip Code	Transaction ID : SA11AI.15704
Albany NY	12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer Occupat	ion	
	of Operations	
Receipt For:  Primary  General  Aggrega	te Year-to-Date ▼	
Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial)  3. David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		07 27 2012
City State	Zip Code	Transaction ID : SA11AI.15705
Albany NY	12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer Occupat	ion	
	of Operations	
Receipt For:  Primary  General  Aggrega	ate Year-to-Date ▼	
Other (specify) ▼	, 450.00	
Full Name (Last, First, Middle Initial)  David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Albany NY	Zip Code 12205	Transaction ID : SA11AI.15706
	12203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer Occupat		
Possint For:	of Operations	
Receipt For:  Primary  General  Aggrega	ate Year-to-Date ▼	
Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number only)		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 2012 08 24 City Zip Code State Transaction ID: SA11AI.15707 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 09 07 2012 City State Zip Code Transaction ID: SA11AI.15708 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 09 21 2012 City Zip Code State Transaction ID: SA11AI.15709 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LINE NUMBER: PAGE 48 OF	67
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16	☐ 17

	nd Statements may not be sold or used by any per	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	al PAC	
Full Name (Last, First, Middle Initial)  Jennifer Rice  Mailing Address 22 Hemlock Drive  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code NY 12065  C  Occupation VP of Medicaid & Safety Net Prods.  Aggregate Year-to-Date ▼  280.00	Date of Receipt  07 13 2012  Transaction ID: SA11AI.15748  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Jennifer Rice  Mailing Address 22 Hemlock Drive  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care, Inc.  Receipt For:  Primary General Other (specify)	State Zip Code NY 12065  C  Occupation VP of Medicaid & Safety Net Prods.  Aggregate Year-to-Date ▼  300.00	Date of Receipt  07 27 2012  Transaction ID: SA11AI.15749  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Jennifer Rice  Mailing Address 22 Hemlock Drive  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care, Inc.  Receipt For: Primary Other (specify)	State Zip Code NY 12065  C  Occupation VP of Medicaid & Safety Net Prods.  Aggregate Year-to-Date ▼  320.00	Date of Receipt  08 10 2012  Transaction ID: SA11AI.15750  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	60.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 49 OF 67 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 2012 08 24 City Zip Code State Transaction ID: SA11AI.15751 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation VP of Medicaid & Safety Net Prods. MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 09 07 2012 City State Zip Code Transaction ID: SA11AI.15752 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Medicaid & Safety Net Prods. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jennifer Rice Date of Receipt Mailing Address 22 Hemlock Drive 09 21 2012 City Zip Code State Transaction ID: SA11AI.15753 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of Medicaid & Safety Net Prods. MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	and Statements may not be sold or used by any persong the name and address of any political committee t	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial)  Thomas Ryan		Date of Receipt
Mailing Address 24 Bluestone Ridge		07 27 2012
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.15790  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer  MVP Health Care  Receipt For:  Primary General  Other (specify) ▼	Occupation VP Underwriting  Aggregate Year-to-Date ▼  330.00	
Full Name (Last, First, Middle Initial)  Thomas Ryan  Mailing Address 24 Bluestone Ridge		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.15791  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	0.00
Name of Employer MVP Health Care	Occupation VP Underwriting	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  330.00	
Full Name (Last, First, Middle Initial)  Daniel Sauer		Data of Resoint
Mailing Address 160 Fifth Avenue		Date of Receipt  07 13 2012
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.15792  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Receipt For:  Primary General  Other (specify) ▼	VP Sales  Aggregate Year-to-Date ▼  420.00	_
SURTOTAL of Receipts This Page (option	al)	30.00
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<b>TOTAL</b> This Period (last page this line null	mber only)	

FOR LINE NUMBER: PAGE 51 OF 67 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2012 27 City State Zip Code Transaction ID: SA11AI.15793 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 08 10 2012 City State Zip Code Transaction ID: SA11AI.15794 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 80 24 2012 City Zip Code State Transaction ID: SA11AI.15795 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

		PAGE 52 OF	67
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b	11c 12	
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	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial)  Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt
	7. 2.1	09 07 2012
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.15796  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial)  3. Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt
City Saratoga Springs	State Zip Code NY 12866	09 21 2012  Transaction ID : SA11AI.15797  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		07 13 2012
City Rochester	State Zip Code NY 14624	Transaction ID : SA11AI.15856  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  MVP	Occupation VP, Sales	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  700.00	
SUBTOTAL of Receipts This Page (optional)		110.00
TOTAL This Period (last page this line number	only)	

## SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott  Mailing Address 33 Everett Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)	State Zip Code NY 14624  C  Occupation VP, Sales  Aggregate Year-to-Date ▼	Date of Receipt  O7 27 2012  Transaction ID: SA11AI.15857  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott  Mailing Address 33 Everett Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	State Zip Code NY 14624  C  Occupation VP, Sales  Aggregate Year-to-Date ▼  800.00	Date of Receipt  08 10 2012  Transaction ID : SA11AI.15858  Amount of Each Receipt this Period  50.00
Full Name (Last, First, Middle Initial)  Tracy Tadaro-Ott  Mailing Address 33 Everett Drive  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General Other (specify)	State Zip Code NY 14624  C  Occupation VP, Sales  Aggregate Year-to-Date ▼	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)	·····	150.00
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#### SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 54 OF 67

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Any i or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 07 2012 City State Zip Code Transaction ID: SA11AI.15860 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 900.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 09 21 2012 City State Zip Code Transaction ID: SA11AI.15861 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place M M / 07 13 2012 Zip Code City State Transaction ID: SA11AI.15890 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial)  John Vangraafeiland  Mailing Address 85 Pinehurst Place		Date of Receipt
City	State Zip Code	07 27 2012 Transaction ID : SA11AI.15891
Middletown	CT 06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation CIO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)  John Vangraafeiland		Date of Receipt
Mailing Address 85 Pinehurst Place		08 10 2012
City Middletown	State Zip Code CT 06457	Transaction ID : SA11AI.15892
FEC ID number of contributing federal political committee.	C 00457	Amount of Each Receipt this Period  30.00
Name of Employer MVP	Occupation CIO	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial)		D. (D. )
John Vangraafeiland  Mailing Address 85 Pinehurst Place		Date of Receipt  08 24 2012
City Middletown	State Zip Code CT 06457	Transaction ID : SA11AI.15893  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	CIO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (optional).		90.00
TOTAL This Period (last page this line number	<u>^</u> _	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 07 2012 City State Zip Code Transaction ID: SA11AI.15894 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 09 21 2012 City State Zip Code Transaction ID: SA11AI.15895 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 07 13 2012 City Zip Code State Transaction ID: SA11AI.15919 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 57 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 07 2012 27 City Zip Code State Transaction ID: SA11AI.15920 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 08 10 2012 City State Zip Code Transaction ID: SA11AI.15921 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 80 24 2012 City Zip Code State Transaction ID: SA11AI.15922 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

#### SCHEDULE A (FEC Form 3X) ITEMI

FOR LINE NUMBER: PAGE 58 OF 67

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ormation copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the	pur	pose o	f so	oliciting	cor	ntributio	ns	

Any info or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 07 2012 City State Zip Code Transaction ID: SA11AI.15923 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 09 21 2012 City Zip Code State Transaction ID: SA11AI.15924 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... 8820.00 TOTAL This Period (last page this line number only).....

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Ĺ	NAME OF COMMITTEE (In Full)				20511 00							
	MVP Health Care Inc. Federal PAC	<u> </u>										
V	Hodin balo illo. I cuciai i Ac											
_	Full Name (Last, First, Middle Initial)				_							
Α.	BASS VICTORY COMMITTEE				Date of	f Disburse						
	Mailing Address PO BOX 3451				M M M	/ D	0 2012					
	Mailing Address FO BOX 5451				09	نسا ا	0 2012					
	City	State	Zip Code		<b>T</b>		0000 45000					
	CONCORD	NH	03302		irans	saction ID	: SB23.15982					
	Purpose of Disbursement			044			5.1					
	Candidate Name			011	Amoun	t of Each	Disbursement this Period					
	CHARLES F. BASS			Category/ Type			3000.00					
		nent For:	2012	турс			7					
		Primary	General									
	President	Other (spe	ecify) 🔻									
_	State: NH District: 02											
_	Full Name (Last, First, Middle Initial)											
В.	BASS VICTORY COMMITTEE				Date of	f Disburse	ement					
	Mailing Address PO BOX 3451				M = M 09	/ 0	2012					
	Walling Address PO BOX 3431				03		.0 2012					
	City	State	Zip Code		Trans	eaction ID	: SB23.16001					
	CONCORD	NH	03302		IIalis	saction ib	. 3623.10001					
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	CHARLES F. BASS			Category/ Type	L.		2000.00					
	Office Sought:	nent For:	2012	.,,,,,		,	,					
		Primary	General									
		Other (spe	ecify) 🔻									
_	State: NH District: 02											
_	Full Name (Last, First, Middle Initial)				Doto	f Disburse	mont					
C.	CHRIS GIBSON FOR CONGRESS	Ó										
	Mailing Address PO BOX 247				09	1						
	,	State	Zip Code		Trans	saction ID	: SB23.15985					
	KINDERHOOK Purpose of Disbursement	NY	12106									
	Tulpose of Dispulsement			011	Amaun	t of Foob	Disbursement this Period					
	Candidate Name		Amoun	t of Each	Dispursement this Period							
	CHRIS P GIBSON			Category/ Type			1000.00					
	Office Sought: House Disbursen	nent For:	2012			,						
		Primary	X General									
		Other (spe	ecify) 🔻									
_	State: NY District: 20											
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1	OTAL This Period (last page this line number only)											
	( 1 3					7						

1mage# 13940770944 PAGE 60 / 67

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: SB23

Transaction ID: SB23.15982

5/28/13 -- Disbursement redesignated from 'primary' to 'general' election contribution.

Form/Schedule: SB23

Transaction ID: SB23.15985

5/28/13 -- Disbursement redesignated from 'primary' to 'general' election contribution.

SCHEDULE B (FEC Form 3X)	Han annual colors 1.1.7	FOR LINE NUMBER:			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	•	] o4	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Stater					
or for commercial purposes, other than using the name	ne and address of any pol	itical committee to	solicit contributions fro	om such committee.	
NAME OF COMMITTEE (In Full)	_				
MVP Health Care Inc. Federal PAC	j				
Full Name (Last, First, Middle Initial)					
A. CHRIS GIBSON FOR CONGRESS	3		Date of Disburseme	nt	
Mailing Address PO BOX 247			09 Z6	2012	
City	State Zip Code				
City KINDERHOOK	NY 12106		Transaction ID : S	B23.15998	
Purpose of Disbursement					
		011	Amount of Each Dis	bursement this Period	
Candidate Name CHRIS P GIBSON		Category/		2000.00	
	ment For: 2012	Туре			
Senate Sought.	Primary General				
President	Other (specify)				
State: NY District: 20					
Full Name (Last, First, Middle Initial)			Data of Dist		
B. DOHENY FOR CONGRESS		Date of Disburseme			
Mailing Address 65 HIGH STREET			09 14	2012	
,	State Zip Code		Transaction ID : S	B23.15996	
ALEXANDRIA BAY Purpose of Disbursement	NY 13607				
•		011	Amount of Each Dis	bursement this Period	
Candidate Name		Category/		1000.00	
MATT DOHENY		Type	-	1000.00	
	ment For: 2012				
Senate President	Primary				
State: NY District: 23	(opoony) ▼				
Full Name (Last, First, Middle Initial)					
C. FRIENDS OF FRANK GUINTA			Date of Disburseme	nt	
Mailing Address PO BOX 877			09 26	2012	
Mailing Address FO BOX 011			20	2012	
	State Zip Code		Transaction ID : S	B23.15999	
MANCHESTER Purpose of Disbursement	NH 03105				
ו מוףטסב טו טופטעוסבווופוונ		011	Amount of Each Dia	bursement this Period	
Candidate Name		Category/	Amount of Each Dis	bursement this Penod	
Frank Guinta		Type		2500.00	
	ment For: 2012				
Senate	Primary General				
State: NH District: 01	Other (specify) ▼				
otate. IVI District. U1					
SUBTOTAL of Disbursements This Page (optional)				5500.00	
(optional).				7	
TOTAL This Period (last page this line number only)	)		1		

SCHEDULE B (FEC Form 3X)		FOR LINE N	IUMBER: PAGE 62 (	OF 67	
TEMIZED DISBURSEMENTS	ZED DISPUDSEMENTS Use separate schedule(s) (check on		•		
	for each category of the Detailed Summary Page	21b	22 🗙 23 🗌 24 📗 25	26	
	, ,	27	28a 28b 28c 29	30b	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
$\Big angle$ MVP Health Care Inc. Federal PAC					
Full Name (Last, First, Middle Initial)					
A. FRIENDS OF JEANNE SHAHEEN			Date of Disbursement	Y	
Mailing Address 105 N STATE STREET			09 12 2012		
City	State Zip Code		Transaction ID : SB23.15991		
CONCORD	NH 03301		Transaction ib . 3623.13991		
Purpose of Disbursement		011	Amount of Each Disbursement this	Period	
Candidate Name		Category/	2000	000	
JEANNE SHAHEEN		Type	2000	7.00	
	nent For: 2014  Primary General  Other (specify)				
State: NH District: 00					
Full Name (Last, First, Middle Initial)					
B. FRIENDS OF KELLY AYOTTE			Date of Disbursement	Υ	
Mailing Address PO BOX 233			09 10 2012		
NASHUA	State Zip Code NH 03061		Transaction ID : SB23.15988		
Purpose of Disbursement		011	Amount of Each Disbursement this	Period	
Candidate Name Category/			2000	0.00	
KELLY A AYOTTE		Туре	2000	7.00	
Senate President	nent For: 2016  Primary General  Other (specify)				
**					
Full Name (Last, First, Middle Initial)  FRIENDS OF NAN HAYWORTH			Date of Disbursement		
			M M / D D / Y Y Y Y	Y	
Mailing Address 51 Gleneida Avenue			09 10 2012		
,	State Zip Code		Transaction ID : SB23.15987		
Carmel Purpose of Disbursement	NY 10512				
. 4.,500 0. 2.024.00		011	Amount of Each Disbursement this	Pariod	
Candidate Name Category/				-	
NAN HAYWORTH Type			1500	0.00	
Senate President	nent For: 2012  Primary General  Other (specify)		, ,		
State: NY District: 18					
SUBTOTAL of Disbursements This Page (optional)		················ <b>&gt;</b>	5500	.00	
TOTAL This Period (last page this line number only)		······			

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: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: SB23 Transaction ID: SB23.15991

5/28/13 -- Disbursement redesignated from 2012 primary to 2014 primary contribution.

Form/Schedule: SB23

Transaction ID: SB23.15988

5/28/13 -- Disbursement redesignated from 2012 to 2016 primary contribution.

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#### : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: SB23

Transaction ID: SB23.15987

5/28/13 -- Disbursement redesignated from 'primary' to 'general' election contribution.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 65 OF	67
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 X 23 24 25 28 28b 28c 29	26
Г		27		30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	,,			
MVP Health Care Inc. Federal PA	?			
/ With Floater Gard mon Foderar Fixe				
Full Name (Last, First, Middle Initial)				
A. MAGGIE BROOKS FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 10118			08 13 2012	1
Maining Address TO BOX 10116			10 2012	
City	State Zip Code		Transaction ID - CD22 45070	
ROCHESTER	NY 14610		Transaction ID : SB23.15979	
Purpose of Disbursement		011	Amount of Fook Dishumon and this Don	
Candidate Name		011	Amount of Each Disbursement this Per	riod
MAGGIE BROOKS		Category/ Type	1000.00	0
	ment For: 2012	Турс		
Senate	Primary			
President	Other (specify) ▼			
State: NY District: 25				
Full Name (Last, First, Middle Initial)			Data of Disharanana	
B. RICHARD HANNA FOR CONGRE	SS COMMITTEE		Date of Disbursement	
Mailing Address 2308 GENESEE STREET			09 12 2012	
maming reasons 2500 GENEGEE STREET			00 12 20,2	
,	State Zip Code		Transaction ID : SB23.15994	
UTICA Purpose of Disbursement	NY 13502			
Fulpose of Disbulsement		011	Amount of Each Disbursement this Per	riod
Candidate Name				
RICHARD HANNA		Category/ Type	2500.00	0
Office Sought: House Disburser	ment For: 2012			
Senate	Primary General			
President O4	Other (specify) ▼			
State: NY District: 24				
Full Name (Last, First, Middle Initial)  C. TOM REED FOR CONGRESS			Date of Disbursement	
• TOW REED FOR CONGRESS			M M / D D / Y Y Y	
Mailing Address 99 W FIRST ST			09 10 2012	
City CORNING	State Zip Code NY 14830		Transaction ID : SB23.15986	
Purpose of Disbursement	14030			
•		011	Amount of Each Disbursement this Per	riod
Candidate Name Category/				-
THOMAS W II REED		Type	3000.00	0
	ment For: 2012			
Senate President	Other (specify) —			
State: NY District: 29	Other (specify) ▼			
2.20. 141 2.00.00. 23				_
SUBTOTAL of Disbursements This Page (optional)			6500.00	ס
Spinonal)				Ħ
TOTAL This Period (last page this line number only)			23500.00	)

1mage# 13940770950 PAGE 66 / 67

: 97 A = G7 9 @ G5 B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N 5 H= C B

Form/Schedule: SB23

Transaction ID : SB23.15979

5/28/13 -- Disbursement redesignated from 'primary' to 'general' election contribution.

Form/Schedule: SB23

Transaction ID: SB23.15986

5/28/13 -- Disbursement was incorrectly designated as a 2012 Primary contribution. I've amended the filing to

redesignate this as a 2012 general election contribution.

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

**Excluding Loans** 

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

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

67

67 OF

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