

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		64574.34
(b) Cash on Hand at Beginning of Reporting Period.....	68909.34	
(c) Total Receipts (from Line 19)	10883.00	21218.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	79792.34	85792.34
7. Total Disbursements (from Line 31).....	11000.00	17000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68792.34	68792.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6780.00	8640.00
(ii) Unitemized	4103.00	12578.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10883.00	21218.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10883.00	21218.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10883.00	21218.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10883.00	21218.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	17000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11000.00	17000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11000.00	17000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10883.00	21218.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10883.00	21218.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A`G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A`N5H`CB

Form/Schedule: F3XA
Transaction ID :

I had to rebuild the July 2012 Quarterly Report in order to submit the amended report, which corrects errors pointed out in the April 23, 2012 RFAI I received. A \$5,000 disbursement to another political committee was incorrectly filed as a transfer to an affiliated committee. In the amended report, the total disbursement amounts in Line 23 in the summary page are now correct. Subsequent reports, including the October 2012 quarterly filing should now accurately reflect disbursements. I also amended disbursements that contained incorrect election codes. The disbursements were redesignated so that contributions to Chris Gibson, Frank Guinta and Maggie Brooks were accurately applied to the 2012 primary--not general--election. Please contact me with any questions.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : SA11AI.14499
 Amount of Each Receipt this Period
 60.00

B. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11AI.14500
 Amount of Each Receipt this Period
 60.00

C. Karla Austen
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Carriage House La.
 City State Zip Code
 Saratoga Spgs. NY 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. EVP, Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.14501
 Amount of Each Receipt this Period
 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2012
Transaction ID : SA11AI.14502
Amount of Each Receipt this Period
60.00

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2012
Transaction ID : SA11AI.14503
Amount of Each Receipt this Period
60.00

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 25 Carriage House La.
City Saratoga Spgs. State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP, Network Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2012
Transaction ID : SA11AI.14504
Amount of Each Receipt this Period
60.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11AI.14544
 Amount of Each Receipt this Period
 30.00

B. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.14545
 Amount of Each Receipt this Period
 30.00

C. Sue Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Ct.
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : SA11AI.14546
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : SA11AI.14547
Amount of Each Receipt this Period **300.00**

B. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **330.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : SA11AI.14548
Amount of Each Receipt this Period **30.00**

C. Laura Davis
Full Name (Last, First, Middle Initial)
Mailing Address 212 Meriline Ave.
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **220.00**

Date of Receipt **06 / 01 / 2012**
Transaction ID : SA11AI.17663
Amount of Each Receipt this Period **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Laura Davis
Full Name (Last, First, Middle Initial)
Mailing Address 212 Meriline Ave.
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : SA11AI.17664
Amount of Each Receipt this Period **200.00**

B. Laura Davis
Full Name (Last, First, Middle Initial)
Mailing Address 212 Meriline Ave.
City Scotia State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : SA11AI.14593
Amount of Each Receipt this Period **20.00**

C. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Network Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **280.00**

Date of Receipt **04 / 06 / 2012**
Transaction ID : SA11AI.17665
Amount of Each Receipt this Period **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		20		2012

Transaction ID : SA11AI.17666

Amount of Each Receipt this Period

40.00

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

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2012

Transaction ID : SA11AI.17667

Amount of Each Receipt this Period

40.00

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

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		18		2012

Transaction ID : SA11AI.17668

Amount of Each Receipt this Period

40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.17669

Amount of Each Receipt this Period
40.00

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

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.17670

Amount of Each Receipt this Period
40.00

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

City Liverpool	State NY	Zip Code 13090
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Regional Network Director
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14600

Amount of Each Receipt this Period
40.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : SA11AI.14615
 Amount of Each Receipt this Period
 40.00

B. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2012
Transaction ID : SA11AI.14616
 Amount of Each Receipt this Period
 40.00

C. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11AI.14617
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)

Mailing Address 430 Ridgehill Road

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Treasurer
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

Transaction ID : SA11Al.14618

Amount of Each Receipt this Period
40.00

B. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)

Mailing Address 430 Ridgehill Road

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Treasurer
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11Al.14619

Amount of Each Receipt this Period
40.00

C. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)

Mailing Address 430 Ridgehill Road

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Treasurer
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11Al.14620

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)

Mailing Address 430 Ridgehill Road

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Treasurer
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14621

Amount of Each Receipt this Period

60.00

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

Mailing Address 500 Normanskill Place

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP, CFO
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.14636

Amount of Each Receipt this Period

60.00

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

Mailing Address 500 Normanskill Place

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP, CFO
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.14637

Amount of Each Receipt this Period

60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care, Inc. Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SA11AI.14638

Amount of Each Receipt this Period
60.00

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care, Inc. Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA11AI.14639

Amount of Each Receipt this Period
60.00

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care, Inc. Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11AI.14640

Amount of Each Receipt this Period
60.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mark Fish
Full Name (Last, First, Middle Initial)
Mailing Address 500 Normanskill Place
City Slingerlands State NY Zip Code 12159
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP, CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **720.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : SA11AI.14641
Amount of Each Receipt this Period **60.00**

B. Mark Fish
Full Name (Last, First, Middle Initial)
Mailing Address 500 Normanskill Place
City Slingerlands State NY Zip Code 12159
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP, CFO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **780.00**

Date of Receipt **06 / 29 / 2012**
Transaction ID : SA11AI.14642
Amount of Each Receipt this Period **60.00**

C. Dominic Galante
Full Name (Last, First, Middle Initial)
Mailing Address 220 Alexander Street
City Rochester State NY Zip Code 14607
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP Medical Quality Management
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **280.00**

Date of Receipt **04 / 06 / 2012**
Transaction ID : SA11AI.17683
Amount of Each Receipt this Period **40.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dominic Galante		Date of Receipt MM / DD / YYYY 04 / 20 / 2012 Transaction ID : SA11AI.17684
Mailing Address 220 Alexander Street		Amount of Each Receipt this Period 40.00
City Rochester	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 320.00	
Name of Employer MVP Health Care, Inc.	Occupation VP Medical Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dominic Galante		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 Transaction ID : SA11AI.17685
Mailing Address 220 Alexander Street		Amount of Each Receipt this Period 40.00
City Rochester	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 360.00	
Name of Employer MVP Health Care, Inc.	Occupation VP Medical Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic Galante		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 Transaction ID : SA11AI.17686
Mailing Address 220 Alexander Street		Amount of Each Receipt this Period 40.00
City Rochester	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 400.00	
Name of Employer MVP Health Care, Inc.	Occupation VP Medical Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 20 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 220 Alexander Street

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care, Inc. VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11AI.17687

Amount of Each Receipt this Period
 40.00

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

Mailing Address 220 Alexander Street

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care, Inc. VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012

Transaction ID : SA11AI.17688

Amount of Each Receipt this Period
 40.00

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

Mailing Address 220 Alexander Street

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care, Inc. VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.14658

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.17689

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : SA11AI.17690

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SA11AI.17691

Amount of Each Receipt this Period
80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.17692
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.17693
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="880.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : SA11AI.17694
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP	VP, Medicare Products		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="960.00"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patrick Glavey		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012 Transaction ID : SA11AI.14679
Mailing Address 165 Windemere Road		Amount of Each Receipt this Period 80.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) B. Denise Gonick		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 06 / 2012 Transaction ID : SA11AI.17695
Mailing Address 803 Via Marchella		Amount of Each Receipt this Period 70.00
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 20 / 2012 Transaction ID : SA11AI.17696
Mailing Address 803 Via Marchella		Amount of Each Receipt this Period 70.00
City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Date of Receipt
05 / 04 / 2012
Transaction ID : SA11Al.17697

Amount of Each Receipt this Period
70.00

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Date of Receipt
05 / 18 / 2012
Transaction ID : SA11Al.17698

Amount of Each Receipt this Period
70.00

C. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Date of Receipt
06 / 01 / 2012
Transaction ID : SA11Al.17699

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11AI.17700

Amount of Each Receipt this Period
70.00

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11AI.14686

Amount of Each Receipt this Period
70.00

C. Christopher Henchey
Full Name (Last, First, Middle Initial)
Mailing Address 144 Berry Road

City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Date of Receipt
04 / 06 / 2012
Transaction ID : SA11AI.14695

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : SA11AI.14696

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SA11AI.14697

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA11AI.14698

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **240.00**

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

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

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

FOR LINE NUMBER: PAGE 27 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Christopher Henchey
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Berry Road
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00
 Date of Receipt 06 / 01 / 2012
Transaction ID : SA11AI.14699
 Amount of Each Receipt this Period 80.00

B. Christopher Henchey
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Berry Road
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00
 Date of Receipt 06 / 15 / 2012
Transaction ID : SA11AI.14700
 Amount of Each Receipt this Period 80.00

C. Christopher Henchey
 Full Name (Last, First, Middle Initial)
 Mailing Address 144 Berry Road
 City Loudon State NH Zip Code 03307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00
 Date of Receipt 06 / 29 / 2012
Transaction ID : SA11AI.14701
 Amount of Each Receipt this Period 80.00

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

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

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

FOR LINE NUMBER: PAGE 28 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 04 / 06 / 2012
Transaction ID : SA11AI.14702

Amount of Each Receipt this Period
 60.00

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 04 / 20 / 2012
Transaction ID : SA11AI.14703

Amount of Each Receipt this Period
 60.00

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 05 / 04 / 2012
Transaction ID : SA11AI.14704

Amount of Each Receipt this Period
 60.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Henderson		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 Transaction ID : SA11AI.14705
Mailing Address 1 Loudon Heights		Amount of Each Receipt this Period 600.00
City Loudonville	State NY	Zip Code 12211
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. David Henderson		Date of Receipt MM / DD / YYYY 06 / 01 / 2012 Transaction ID : SA11AI.14706
Mailing Address 1 Loudon Heights		Amount of Each Receipt this Period 600.00
City Loudonville	State NY	Zip Code 12211
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) C. David Henderson		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : SA11AI.14707
Mailing Address 1 Loudon Heights		Amount of Each Receipt this Period 600.00
City Loudonville	State NY	Zip Code 12211
FEC ID number of contributing federal political committee.	C	
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.14708

Amount of Each Receipt this Period
60.00

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11AI.14727

Amount of Each Receipt this Period
20.00

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

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11AI.17714

Amount of Each Receipt this Period
20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 45 Crestwood Drive

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Administrative
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14729

Amount of Each Receipt this Period
30.00

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

Mailing Address 38 Fox Hill Drive

City Fairport	State NY	Zip Code 14450
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.17715

Amount of Each Receipt this Period
30.00

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

Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.17716

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

Transaction ID : SA11AI.17717

Amount of Each Receipt this Period
30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

Transaction ID : SA11AI.14741

Amount of Each Receipt this Period
30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.14742

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.14743

Amount of Each Receipt this Period

30.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14744

Amount of Each Receipt this Period

30.00

C. Dawn Jablonski
Full Name (Last, First, Middle Initial)
Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.14752

Amount of Each Receipt this Period

40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.14753

Amount of Each Receipt this Period

40.00

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

Transaction ID : SA11AI.14754

Amount of Each Receipt this Period

40.00

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

Transaction ID : SA11AI.14755

Amount of Each Receipt this Period

40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		01		2012

Transaction ID : SA11AI.14756

Amount of Each Receipt this Period

40.00

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		15		2012

Transaction ID : SA11AI.14757

Amount of Each Receipt this Period

40.00

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2012

Transaction ID : SA11AI.14758

Amount of Each Receipt this Period

40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.17727

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.14818

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : SA11AI.14819

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William V. Little		Date of Receipt MM / DD / YYYY 05 / 04 / 2012 Transaction ID : SA11AI.14820
Mailing Address 300 Partridge Lane		Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) B. William V. Little		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 Transaction ID : SA11AI.14821
Mailing Address 300 Partridge Lane		Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. William V. Little		Date of Receipt MM / DD / YYYY 06 / 01 / 2012 Transaction ID : SA11AI.14822
Mailing Address 300 Partridge Lane		Amount of Each Receipt this Period 30.00
City Charlotte	State VT	Zip Code 05445
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.14823

Amount of Each Receipt this Period

30.00

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

Mailing Address 300 Partridge Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14824

Amount of Each Receipt this Period

30.00

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

Mailing Address 1330 Park Avenue

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.14857

Amount of Each Receipt this Period

20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mr. Matthew J. Mackinnon		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 Transaction ID : SA11AI.14858
Mailing Address 1330 Park Avenue		Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 240.00	
Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mr. Matthew J. Mackinnon		Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : SA11AI.14859
Mailing Address 1330 Park Avenue		Amount of Each Receipt this Period 20.00
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 260.00	
Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Carl Maleri		Date of Receipt MM / DD / YYYY 04 / 06 / 2012 Transaction ID : SA11AI.14860
Mailing Address 19 Crimson Way		Amount of Each Receipt this Period 40.00
City Webster	State NY	Zip Code 14580
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 280.00	
Name of Employer MVP Health Care, Inc.	Occupation VP, Underwriting and Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 40 OF 64
(check only one)

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

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.14861

Amount of Each Receipt this Period
30.00

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.14862

Amount of Each Receipt this Period
30.00

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

Mailing Address 457 Crescent Ave

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

Transaction ID : SA11AI.14863

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 41 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11AI.14864

Amount of Each Receipt this Period
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : SA11AI.14865

Amount of Each Receipt this Period
 30.00

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

Mailing Address 457 Crescent Ave

City State Zip Code
 Saratoga NY 12866

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

Name of Employer Occupation
 MVP Health Care VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.14866

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14867

Amount of Each Receipt this Period

30.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.14880

Amount of Each Receipt this Period

50.00

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

Mailing Address 21 Joellen Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11AI.14881

Amount of Each Receipt this Period

50.00

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

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

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

FOR LINE NUMBER: PAGE 43 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SA11AI.14882

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 18 / 2012

Transaction ID : SA11AI.14883

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11AI.14884

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.14885

Amount of Each Receipt this Period

50.00

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

Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14886

Amount of Each Receipt this Period

50.00

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

Mailing Address 71 East Claremond Drive

City Voorheesville	State NY	Zip Code 12186
-----------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Director of Finance
-------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.14926

Amount of Each Receipt this Period

20.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11AI.14927

Amount of Each Receipt this Period
 20.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012
Transaction ID : SA11AI.14928

Amount of Each Receipt this Period
 20.00

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

Mailing Address 3 Clare Castle

City State Zip Code
 Albany NY 12205

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

Name of Employer Occupation
 MVP Health Care, Inc. Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2012
Transaction ID : SA11AI.14929

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2012
Transaction ID : SA11AI.14930

Amount of Each Receipt this Period
30.00

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

City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2012
Transaction ID : SA11AI.14931

Amount of Each Receipt this Period
30.00

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

City Albany	State NY	Zip Code 12205
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2012
Transaction ID : SA11AI.14932

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.14933

Amount of Each Receipt this Period

30.00

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

Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11AI.14934

Amount of Each Receipt this Period

30.00

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

Mailing Address 3 Clare Castle

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

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

Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11AI.14935

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Date of Receipt
06 / 01 / 2012
Transaction ID : SA11AI.14986

Amount of Each Receipt this Period
20.00

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

City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11AI.14987

Amount of Each Receipt this Period
20.00

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

City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation VP of Medicaid & Safety Net Prods.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11AI.14988

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.17759

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : SA11AI.17760

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012

Transaction ID : SA11AI.17761

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 24 Bluestone Ridge

City Clifton Park	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	18	/	2012

Transaction ID : SA11AI.17762

Amount of Each Receipt this Period

300.00

B. Thomas Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 24 Bluestone Ridge

City Clifton Park	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11AI.17763

Amount of Each Receipt this Period

30.00

C. Daniel Sauer
Full Name (Last, First, Middle Initial)
Mailing Address 160 Fifth Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11AI.17764

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Daniel Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Fifth Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 04 / 20 / 2012
Transaction ID : SA11AI.17765
 Amount of Each Receipt this Period
 30.00

B. Daniel Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Fifth Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 05 / 04 / 2012
Transaction ID : SA11AI.17766
 Amount of Each Receipt this Period
 30.00

C. Daniel Sauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Fifth Avenue
 City Saratoga Springs State NY Zip Code 12866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 05 / 18 / 2012
Transaction ID : SA11AI.17767
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
06 / 01 / 2012
Transaction ID : SA11Al.17768

Amount of Each Receipt this Period
30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
06 / 15 / 2012
Transaction ID : SA11Al.17769

Amount of Each Receipt this Period
30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
06 / 29 / 2012
Transaction ID : SA11Al.15035

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11Al.15106

Amount of Each Receipt this Period

50.00

B. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11Al.15107

Amount of Each Receipt this Period

50.00

C. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

Transaction ID : SA11Al.15108

Amount of Each Receipt this Period

50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

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

Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11Al.15109

Amount of Each Receipt this Period
50.00

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

Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : SA11Al.15110

Amount of Each Receipt this Period
50.00

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

Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2012
Transaction ID : SA11Al.15111

Amount of Each Receipt this Period
50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 33 Everett Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11Al.15112

Amount of Each Receipt this Period
50.00

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

Mailing Address 85 Pinehurst Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	06	/	2012

Transaction ID : SA11Al.15143

Amount of Each Receipt this Period
30.00

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

Mailing Address 85 Pinehurst Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11Al.15144

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 64
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11Al.15145

Amount of Each Receipt this Period
 30.00

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2012
Transaction ID : SA11Al.15146

Amount of Each Receipt this Period
 30.00

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : SA11Al.15147

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11AI.17781

Amount of Each Receipt this Period
30.00

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11AI.15149

Amount of Each Receipt this Period
30.00

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2012

Transaction ID : SA11AI.15178

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	20	/	2012

Transaction ID : SA11Al.15179

Amount of Each Receipt this Period

30.00

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2012

Transaction ID : SA11Al.15180

Amount of Each Receipt this Period

30.00

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

Transaction ID : SA11Al.15181

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 64
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

Transaction ID : SA11Al.15182

Amount of Each Receipt this Period

30.00

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

Mailing Address 16 Oak Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

Transaction ID : SA11Al.17787

Amount of Each Receipt this Period

30.00

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

Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

Transaction ID : SA11Al.15184

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	6780.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 500

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement

011

Candidate Name
AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	2

Transaction ID : SB23.15257

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement
Political Contribution

011

Candidate Name
BILL NELSON FOR U S SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : SB23.15248

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. CHRIS GIBSON FOR CONGRESS

Mailing Address PO BOX 234

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement

011

Candidate Name
CHRISTOPHER P GIBSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	1	2

Transaction ID : SB23.15261

Amount of Each Disbursement this Period

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

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

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB23**

Transaction ID : **SB23.15257**

This contribution was incorrectly classified as a transfer to an affiliated party committee. I've redesignated the disbursement appropriately as a disbursement to another political committee. This change should correct the discrepancy that existed between disbursements disclosed in this report and the October 2012 quarterly.

Form/Schedule: **SB23**

Transaction ID: **SB23.15261**

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a contribution to the 2012 primary.

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF FRANK GUINTA

Mailing Address PO BOX 877

City MANCHESTER State NH Zip Code 03105

Purpose of Disbursement

011

Candidate Name
FRANK GUINTA

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : SB23.15254

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MAGGIE BROOKS FOR CONGRESS

Mailing Address PO BOX 10118

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

011

Candidate Name

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SB23.15266

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

4000.00

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

11000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB23**

Transaction ID : **SB23.15254**

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a contribution to the 2012 primary.

Form/Schedule: **SB23**

Transaction ID: **SB23.15266**

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a contribution to the 2012 primary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 64 OF 64
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

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

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

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