PAGE 1 / 64

Image# 13940770957

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office U	se Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR PF	RINT ▼		nple: If typir the lines.	ng, type	12FE4	M5		
N	IVP Health Care Inc. I	ederal F	PAC							1
AD	DRESS (number and street)	625 State S	Street							
ř	Check if different									
ŀ	than previously reported. (ACC)	Schenecta	ady 				NY	1230	5	
2.	FEC IDENTIFICATION NU	MBER ▼		CITY 🛦		S	STATE A		ZIP COI	DE 🛦
	C C00431429		3.	IS THIS REPORT		IEW N) OR	×	AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b) Month Repor	rt 🔲	Feb 20 (M2)	N	May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due 0		Mar 20 (M3)	J	lun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	Amril 45			Apr 20 (M4)	J	lul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	April 15 Quarterly Report (Q	1) (c) -	 12-Day	П	Primary (12P)	Gene	eral (12G)	П	Runoff (12R)
	X July 15 Quarterly Report (Q	2)	PRE-Election Report for the		Convention (ial (12S)	ш	,
	October 15 Quarterly Report (Q		rioport for the		Sonvention (120)	Орсс	iai (120)		
	January 31 Year-End Report (YI		Ele	ection on	M = M /	D D /	Y I Y I Y	Y	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 3	30-Day POST-Election		General (30G	à)	Runc	off (30R)		Special (30S)
	Termination Report		Report for the):	M = M /	D D /	V	Y	in the	
	(TER)		Ele	ection on					State of	
5.	Covering Period 04	01	201	2	through	06	/ D D D	20	12 Y	
l ce	ertify that I have examined this	s Report and	d to the best	t of my know	rledge and b	pelief it is true	e, correct	and comple	te.	
Тур	pe or Print Name of Treasurer	Jordan T.	Estey							
Sig	nature of Treasurer Jordan	n T. Estey		1	Electronically	Filed] D	ate 0	5 29	D /	2013
NO	TE: Submission of false, errone	ous, or incor	nplete inform	ation may sub	ect the pers	son signing th	is Report	to the penalti	es of 2 L	I.S.C. §437a.
	Office	, :			, , , , , , , , ,	5 ··· 5 ···	- 1			
	Use Only								FOR Rev. 12/20	

	F RECEIPTS AND DISBURSEMENTS	D 0
FEC Form 3X (Rev. 02/2003) Write or Type Committee Name		Page 2
MVP Health Care Inc. Federal PAC		
- Treatin Gare Inc. Federal FAG		
Report Covering the Period: From: 04	M / D1 / Y1 Y1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	06 30 2012
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		64574.34
(b) Cash on Hand at Beginning of Reporting Period	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 multicar		
F	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

M	VΡ	Health	Care	Inc	Federal	PAC
1 V I	v ı	i icaiui	Oaic	1110.	i caciai	1 / 10

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Cor	ntributions (other than loans) From:							
(a)	Individuals/Persons Other							
	Than Political Committees		2040.00					
	(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					
	nsfers From Affiliated/Other							
Par	ty Committees	0.00	0.00					
. All	Loans Received	0.00	0.00					
Loc	un Deneumente Deseived	0.00	0.00					
	n Repayments Receivedsets To Operating Expenditures	0.00	0.00					
	funds, Rebates, etc.)							
	rry Totals to Line 37, page 5)	0.00	0.00					
	unds of Contributions Made	7	7					
to I	ederal Candidates and Other							
Pol	itical Committees	0.00	0.00					
. Oth	er Federal Receipts							
	vidends, Interest, etc.)	0.00	0.00					
	nsfers from Non-Federal and Levin Funds							
(a)	Non-Federal Account							
	(from Schedule H3)	0.00	0.00					
(h)	Levin Funds (from Schedule H5)	0.00	0.00					
(6)	20viii i unuo (iioini oonodalo rio)							
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Allocated Federal/Non-Federal 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	0.00	0.00
)	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	11000.00	17000.00
	Independent Expenditures	7	, , , , ,
	(use Schedule E)	0.00	0.00
٠.	(2 U.S.C. §441a(d))	0.00	
	(use Schedule F)	0.00	0.00
ò.	Loan Repayments Made	0.00	0.00
7	Loone Mede	0.00	0.00
3.	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9.	Other Disbursements	0.00	0.00
	Follow I Floriton Anti it (O II O O 0404(00))		
J.	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) "Lovin" Shara	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	222	
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	17000.00
	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

III. Net Contributions/Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	10883.00	21218.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10883.00	21218.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00				
C. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

1mage# 13940770962 PAGE 6 / 64

: 97 A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± 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:

FOR LINE NUMBER: **PAGE** 7 OF 64 Use separate schedule(s) (check only one) ITEMIZED RECEIPTS for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 04 2012 20 City Zip Code State Transaction ID: SA11AI.14499 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify)

Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 05 04 2012 City State Zip Code Transaction ID: SA11AI.14500 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify)

Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. 05 18 2012 City Zip Code State Transaction ID: SA11AI.14501 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, Network Management MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional)		7		7	I	18	0.00)	
TOTAL This Period (last page this line number only)		7		7	Ξ	Ξ	_	Ξ	

540.00

Primary

Other (specify)

General

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

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(check only one)											
X	11a		11b		11c		12	2			
	13		14		15		16	6		17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.		Date of Receipt
ag / dai/990 Z0 Camaye House Ld.		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.14502
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Austen Mailing Address 25 Carriage House La.	Date of Receipt	
	06 15 2012	
City	State Zip Code NY 12866	Transaction ID : SA11AI.14503
Saratoga Spgs.	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) C. Karla Austen		Date of Receipt
Mailing Address 25 Carriage House La.		06 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saratoga Spgs.	State Zip Code NY 12866	Transaction ID : SA11AI.14504 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)	_	180.00
TOTAL This Period (last page this line numb	per only)	

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 04 2012 City State Zip Code Transaction ID: SA11AI.14544 12054 NY Delmar Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 05 18 2012 City State Zip Code Transaction ID: SA11AI.14545 Delmar NY 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt

Mailing Address 9 Wembly Ct.		06 01 2012						
City	State Zip Code	Transaction ID : SA11AI.14546						
Delmar	NY 12054	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	30						
Name of Employer	Occupation							
MVP Health Care, Inc.	VP, EPMO							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General Other (specify) ▼	270.00							

SUBTOTAL of Receipts This Page (optional)		7		7	Ī	,	90.00)	
TOTAL This Period (last page this line number only)		7	_	7		_		_	

30.00

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 2012 06 15 City Zip Code State Transaction ID: SA11AI.14547 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 06 29 2012 City State Zip Code Transaction ID: SA11AI.14548 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 06 01 2012 City Zip Code State Transaction ID: SA11AI.17663 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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	13		14		15		16		17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City	State Zip Code	Date of Receipt 06 15 2012
Scotia	NY 12302	Transaction ID : SA11AI.17664 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care Inc Receipt For: Primary General Other (specify) ▼	Occupation Clinical Pharmacist Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave.		Date of Receipt 06 29 2012
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.14593 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Patricia Deferio	•	Date of Receipt
Mailing Address 7723 Majestic Drive		04 06 2012
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.17665 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line number	er only)	

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 04 2012 20 City State Zip Code Transaction ID: SA11AI.17666 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 05 04 2012 City State Zip Code Transaction ID: SA11AI.17667 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 05 18 2012 City State Zip Code Transaction ID: SA11AI.17668 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOF	R LINE	NU	MBER	:	PAGE	_ ′	13 O	/ -	64
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		71

	nd Statements may not be sold or used by any person the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address, 7723 Maiestic Priva		Date of Receipt
Mailing Address 7723 Majestic Drive		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.17669
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial)		Date of Descire
Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.17670
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) C. Patricia Deferio	<u>'</u>	Date of Receipt
Mailing Address 7723 Majestic Drive		06 29 2012
City Liverpool	State Zip Code NY 13090	Transaction ID : SA11AI.14600
· · ·	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	Regional Network Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	520.00	
SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line num)	ber only)	

FOR LINE NUMBER: PAGE 14 OF 64 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 04 2012 06 City Zip Code State Transaction ID: SA11AI.14615 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 20 04 2012 City State Zip Code Transaction ID: SA11AI.14616 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 05 04 2012 City Zip Code State Transaction ID: SA11AI.14617 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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

	FOR LINE	NUMBER:	PAGE	= 15 OF	- 6
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
,,g.	13	14	15	16	□ -

	nd Statements may not be sold or used by any per- g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Bidgebill Bood		Date of Receipt
Mailing Address 430 Ridgehill Road		05 18 2012
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.14618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.14619 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Treasurer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 430 Ridgehill Road		06 15 2012
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.14620 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP Receipt For: □ Primary □ General Other (specify) ▼	Treasurer Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional	ıl)	120.00
TOTAL This Period (last page this line num		
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ITEMIZED RECEIPTS 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2012 06 29 City State Zip Code Transaction ID : SA11AI.14621 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 04 06 2012 City State Zip Code Transaction ID: SA11AI.14636 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 20 04 2012 City Zip Code State Transaction ID: SA11AI.14637 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 160.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 17 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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			person for the purpose of soliciting contributions are to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	deral PAC		
Full Name (Last, First, Middle Initial) A. Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Place	ce		06 15 2012 -
City Slingerlands	State NY	Zip Code 12159	Transaction ID : SA11AI.14641 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP, CFO		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) B. Mark Fish	'		Date of Receipt
Mailing Address 500 Normanskill Place	e		06 29 2012
City	State	Zip Code	Transaction ID : SA11AI.14642
Slingerlands	NY	12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP, CFO		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) C. Dominic Galante	<u>'</u>		Date of Receipt
Mailing Address 220 Alexander Stree	t		04 06 2012
City	State	Zip Code	Transaction ID : SA11AI.17683
Rochester	NY	14607	Amount of Each Receipt this Period

Ī	-	-		_			400	00
L		7			7		160.	00
L		7	_	_	7			
_			7		7			160.

280.00

VP Medical Quality Management

Aggregate Year-to-Date ▼

C

Occupation

40.00

FEC ID number of contributing

Other (specify) ▼

General

federal political committee.

Name of Employer

Primary

Receipt For:

MVP Health Care, Inc.

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 320.00	Date of Receipt O4 20 2012 Transaction ID: SA11AI.17684 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 360.00	Date of Receipt 05 04 2012 Transaction ID : SA11AI.17685 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 400.00	Date of Receipt 05
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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		Date of Receipt 06 01 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.17687 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street		Date of Receipt 06 15 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.17688 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care, Inc.	Occupation VP Medical Quality Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street	7.0.1	06 29 2012
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.14658 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP Health Care, Inc. Receipt For:	VP Medical Quality Management	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	120.00
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FOR LINE NUMBER: PAGE 21 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 04 06 2012 City Zip Code State Transaction ID: SA11AI.17689 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 20 04 2012 City State Zip Code Transaction ID: SA11AI.17690 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 05 04 2012 City Zip Code State Transaction ID: SA11AI.17691 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14610	Date of Receipt 05 18 2012 Transaction ID : SA11AI.17692 Amount of Each Receipt this Period 80.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation VP, Medicare Products	Amount of Each Receipt this Period 80.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt 06 15 2012
City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14610	Transaction ID : SA11AI.17694 Amount of Each Receipt this Period 80.00
Name of Employer MVP Receipt For: □ Primary □ General Other (specify) ▼	Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 960.00	
SUBTOTAL of Receipts This Page (optional)		240.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 2012 City State Zip Code Transaction ID: SA11AI.17697 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 18 2012 City State Zip Code Transaction ID: SA11AI.17698 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 06 01 2012 City State Zip Code Transaction ID: SA11AI.17699 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 770.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2012 15 City Zip Code State Transaction ID: SA11AI.17700 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 06 29 2012 City State Zip Code Transaction ID: SA11AI.14686 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 06 04 2012 City Zip Code State Transaction ID: SA11AI.14695 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 26 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 04 2012 20 City Zip Code State Transaction ID: SA11AI.14696 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 05 04 2012 City State Zip Code Transaction ID: SA11AI.14697 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 05 18 2012 City Zip Code State Transaction ID: SA11AI.14698 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
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Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Vic	State Zip Code NH 03307 Cupation the President the gregate Year-to-Date 960.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Property For:	State Zip Code NH 03307 Coupation Dee President Digregate Year-to-Date ▼ 1040.00	Date of Receipt M M M C 29 2012 Transaction ID : SA11AI.14701 Amount of Each Receipt this Period 80.00
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights 04 2012 06 City Zip Code State Transaction ID: SA11AI.14702 NY 12211 Loudonville Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights 04 20 2012 City State Zip Code Transaction ID: SA11AI.14703 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights 04 05 2012 City Zip Code State Transaction ID: SA11AI.14704 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights 2012 18 City Zip Code State Transaction ID: SA11AI.14705 NY 12211 Loudonville Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights 06 01 2012 City State Zip Code Transaction ID: SA11AI.14706 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights 06 15 2012 City Zip Code State Transaction ID: SA11AI.14707 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Rosemarie Hogan Mailing Address 45 Crestwood Drive		Date of Receipt
City	State Zip Code	06 29 2012 Transaction ID : SA11AI.14729
Schenectady FEC ID number of contributing federal political committee.	NY 12306	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrative Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive		Date of Receipt 04 06 2012
City Fairport	State Zip Code NY 14450	Transaction ID : SA11AI.17715 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Information Technology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) C. Kevin Husted		Date of Receipt
Mailing Address 38 Fox Hill Drive		04 20 / Y Y Y Y Y
City Fairport	State Zip Code NY 14450	Transaction ID : SA11AI.17716 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Information Technology	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 2012 City Zip Code State Transaction ID: SA11AI.17717 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 05 18 2012 City State Zip Code Transaction ID: SA11AI.14741 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 06 01 2012 City Zip Code State Transaction ID: SA11AI.14742 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 33 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 04 20 2012 City Zip Code State Transaction ID: SA11AI.14753 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 04 2012 City State Zip Code Transaction ID: SA11AI.14754 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 05 18 2012 City Zip Code State Transaction ID: SA11AI.14755 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 01 2012 06 City Zip Code State Transaction ID: SA11AI.14756 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 06 15 2012 City State Zip Code Transaction ID: SA11AI.14757 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 06 29 2012 City Zip Code State Transaction ID: SA11AI.14758 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Joseph Lia Date of Receipt Mailing Address 12 Sutherland Drive 04 2012 06 City Zip Code State Transaction ID: SA11AI.17727 NY Highland Mills 10930 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 04 06 2012 City State Zip Code Transaction ID: SA11AI.14818 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 20 04 2012 City Zip Code State Transaction ID: SA11AI.14819 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) William V. Little Date of Receipt Mailing Address 300 Partridge Lane 04 2012 City State Zip Code Transaction ID: SA11AI.14820 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 05 18 2012 City State Zip Code Transaction ID: SA11AI.14821 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane 06 01 2012 City Zip Code State Transaction ID: SA11AI.14822 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Vermont** MVP Service Corp. Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
		06 15 2012
City Charlotte	State Zip Code VT 05445	Transaction ID : SA11AI.14823
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer	Occupation	7
MVP Service Corp.	VP Vermont	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) 3. William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		06 29 2012 _
Charlotto	State Zip Code VT 05445	Transaction ID : SA11AI.14824
Charlotte	00.10	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) C. Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.14857
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP Service Corp.	VP of Network Operations]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional	ll)	80.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
Mailing Address 1330 Park Avenue		06 15 2012
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.14858
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	Occupation VP of Network Operations Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue		Date of Receipt
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.14859 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial)		Data of Dansint
Mailing Address 19 Crimson Way		Date of Receipt 04 06 2012
City Webster	State Zip Code NY 14580	Transaction ID : SA11AI.14860 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP Health Care, Inc. Receipt For:	VP, Underwriting and Analysis	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)		80.00
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	I Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12866 C	Date of Receipt 04 06 2012 Transaction ID : SA11AI.14861 Amount of Each Receipt this Period 30.00
MVP Health Care Receipt For: Primary General Other (specify)	VP Marketing Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City	State Zip Code	Date of Receipt 04 20 2012 Transaction ID: SA11AI.14862
Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	NY 12866 C Occupation VP Marketing	Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave	Stato Zin Codo	Date of Receipt 05 04 2012
City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 270.00	Transaction ID : SA11AI.14863 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional).	>	90.00
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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼	Date of Receipt M
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt 06 01 2012
City Saratoga	State Zip Code NY 12866	Transaction ID : SA11AI.14865 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave	<u>'</u>	Date of Receipt
City Saratoga	State Zip Code NY 12866	Transaction ID : SA11AI.14866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP Marketing	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optiona	I)	90.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		06 29 2012
City	State Zip Code	Transaction ID : SA11AI.14867
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care	VP Marketing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) Laurie Metheny	'	Date of Receipt
Mailing Address 21 Joellen Drive		04 06 2012
City	State Zip Code	Transaction ID : SA11AI.14880
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
MVP	VP, Business Excellence	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Descript
Mailing Address 21 Joellen Drive		Date of Receipt 04 20 2012
City	State Zip Code	Transaction ID : SA11AI.14881
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	+
MVP	VP, Business Excellence	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (ontion	nal)	130.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
Mailing Address 21 Joellen Drive		05 04 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.14882
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	_
MVP	VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Aurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
		05 18 2012
City	State Zip Code	Transaction ID : SA11AI.14883
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		06 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.14884 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
MVP	VP, Business Excellence	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	550.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		06 15 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.14885
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
MVP	VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
Cit.	Chata Zin Cada	06 29 2012
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.14886
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) C. Richard Odorizzi		Date of Respire
Mailing Address 71 East Claremond Drive		Date of Receipt 06 01 2012
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.14926 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
MVP	Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional).		120.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 2012 15 City Zip Code State Transaction ID: SA11AI.14927 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive 06 29 2012 City State Zip Code Transaction ID: SA11AI.14928 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 06 04 2012 City Zip Code State Transaction ID: SA11AI.14929 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.14930 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) 3. David Orlando Mailing Address 3 Clare Castle		Date of Receipt 05 04 2012
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.14931 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc. Receipt For:	Occupation Corp VP of Operations	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) C. David Orlando	•	Date of Receipt
Mailing Address 3 Clare Castle		05 18 2012
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.14932 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation Care VR of Operations	
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Corp VP of Operations Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 47 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 01 2012 City Zip Code State Transaction ID: SA11AI.14933 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 06 15 2012 City State Zip Code Transaction ID: SA11AI.14934 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 06 29 2012 City Zip Code State Transaction ID: SA11AI.14935 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation

390.00

Corp VP of Operations

Aggregate Year-to-Date ▼

MVP Health Care, Inc.

Other (specify)

General

Primary

Receipt For:

FOR LINE NUMBER: PAGE 48 OF 64 Use s for ea Detail

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or for commercial purposes, other than usin	and Statements may not be sold or used by any peling the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		06 01 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	Transaction ID : SA11AI.14986
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	\dashv
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		M = M / D = D / Y = Y = Y
City	Chata Zim On the	06 15 2012
Clifton Park	State Zip Code	Transaction ID : SA11AI.14987
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial)		Data of Bootint
·		Date of Receipt
Mailing Address 22 Hemlock Drive		06 29 _ 2012 _
City	State Zip Code	Transaction ID : SA11AI.14988
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	\dashv
MVP Health Care, Inc.	VP of Medicaid & Safety Net Prods.	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (options	al)	60.00
TOTAL This Period (last page this line nur	mber only)	

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	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 210.00	Date of Receipt 04 06 2012 Transaction ID : SA11AI.17759 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 240.00	Date of Receipt O4 20 2012 Transaction ID : SA11AI.17760 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 270.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line numl	her only)	

FOR LINE NUMBER: PAGE 50 OF 64 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2012 18 City State Zip Code Transaction ID: SA11AI.17762 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 06 01 2012 City State Zip Code Transaction ID: SA11AI.17763 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 06 04 2012 City Zip Code State Transaction ID: SA11AI.17764 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOR LINE NUME	BER:	PAGE	51	OF
Use separate schedule(s) for each category of the	(check only one)				
Detailed Summary Page	X 11a 11	b	11c	12	
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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 Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 20 2012 City State Zip Code Transaction ID: SA11AI.17765 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \blacktriangledown 240.00 Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 04 2012 City State Zip Code Transaction ID: SA11AI.17766 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales**

Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt 05 18 2012
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.17767 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP	VP Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Aggregate Year-to-Date ▼

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

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90.00

Receipt For:

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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 Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 01 2012 City State Zip Code Transaction ID: SA11AI.17768 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 06 15 2012 City State Zip Code Transaction ID: SA11AI.17769 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 06 29 2012 City State Zip Code Transaction ID: SA11AI.15035 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 53 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 04 2012 06 City Zip Code State Transaction ID: SA11AI.15106 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 20 04 2012 City State Zip Code Transaction ID: SA11AI.15107 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 04 05 2012 City Zip Code State Transaction ID: SA11AI.15108 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt
Manning Address 35 Everett Brive		05 18 2012
City	State Zip Code	Transaction ID : SA11AI.15109
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
MVP	VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)	300.00	
3. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		06 01 2012
City	State Zip Code	Transaction ID : SA11AI.15110
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		06 15 2012
City	State Zip Code	Transaction ID : SA11AI.15111
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	600.00	
Carlor (opcorry)	000.00	
SUBTOTAL of Receipts This Page (optional)) >	150.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2012 29 City Zip Code State Transaction ID: SA11AI.15112 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 04 06 2012 City State Zip Code Transaction ID: SA11AI.15143 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 20 04 2012 City State Zip Code Transaction ID: SA11AI.15144 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	statements may not be sold or used by any person name and address of any political committee to			
NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal F	PAC			
Full Name (Last, First, Middle Initial) 1. John Vangraafeiland	Date of Receipt			
Mailing Address 85 Pinehurst Place		05 04 2012		
City	State Zip Code	Transaction ID : SA11AI.15145		
Middletown	CT 06457	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation			
MVP	CIO			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	270.00			
Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt		
Mailing Address 85 Pinehurst Place		05 18 _2012 _		
City	State Zip Code	05 18 2012 Transaction ID : SA11AI.15146		
Middletown	CT 06457	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer MVP	Occupation CIO			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) C. John Vangraafeiland		Date of Receipt		
Mailing Address 85 Pinehurst Place		06 01 _2012 _		
City	State Zip Code	Transaction ID : SA11AI.15147		
Middletown	CT 06457	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation			
MVP	CIO			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	330.00			
SUBTOTAL of Receipts This Page (optional)		90.00		
TOTAL This Period (last page this line number	only)			

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 2012 15 City State Zip Code Transaction ID: SA11AI.17781 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 06 29 2012 City State Zip Code Transaction ID: SA11AI.15149 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 04 2012 City Zip Code State Transaction ID: SA11AI.15178 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 58 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 04 20 2012 City Zip Code State Transaction ID: SA11AI.15179 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 05 04 2012 City State Zip Code Transaction ID: SA11AI.15180 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 05 18 2012 City Zip Code State Transaction ID: SA11AI.15181 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 59 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 01 2012 06 City Zip Code State Transaction ID: SA11AI.15182 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 15 2012 City State Zip Code Transaction ID: SA11AI.17787 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 29 2012 Zip Code City State Transaction ID: SA11AI.15184 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... 6780.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 60				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e(s) (check only one)				
	Detailed Summary Page	21b	22 X 23	24 25 26		
[27	28a 28b	28c 29 30b		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or use ame and address of any politic	ed by any perso al committee to	on tor the purpose of so solicit contributions from	n such committee.		
NAME OF COMMITTEE (In Full)						
MVP Health Care Inc. Federal PA	vC					
Full Name (Last, First, Middle Initial)						
A. AMERICAS HEALTH INSURANCE	E PLANS PAC (AHIF	PAC)	Date of Disbursemer			
Mailing Address 601 PENNSYLVANIA AVENUE, NW			06 04	2012		
SOUTH BUILDING, SUITE 500			النا لنا			
City	State Zip Code		Transaction ID : SE	323 15257		
WASHINGTON Purpose of Disbursement	DC 20004		Transaction is 1 of	220110201		
rulpose of disbursement		011	Amount of Each Dish	oursement this Period		
Candidate Name			Attribute of East Block	Jaroomoni ano i onoa		
AMERICAS HEALTH INSURANCE PLAN	S PAC (AHIP PAC)	Category/ Type		5000.00		
Office Sought: House Disburs	ement For: 2012					
Senate	Primary Seneral					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) B. BILL NELSON FOR U S SENATE	<u>=</u>		Date of Disbursemer	nt		
BILL NELSON FOR U.S. SENATI	=		M M / D D	/ Y Y Y Y Y		
Mailing Address 972 W WHITMIRE DRIVE			05 22	2012		
City	State Zip Code					
MELBOURNE	FL 32935		Transaction ID : SI	323.15248		
Purpose of Disbursement						
Political Contribution 011			Amount of Each Disbursement this Period			
Candidate Name BILL NELSON FOR U S SENATE Category/ Type				1000.00		
		Туре				
President Other (specify) ▼						
State: FL District: 00						
Full Name (Last, First, Middle Initial)						
C. CHRIS GIBSON FOR CONGRESS			Date of Disbursemer	nt		
			M = M / D = D	/		
Mailing Address PO BOX 234			06 15	2012		
City	State Zip Code					
SARATOGA SPRINGS	NY 12866		Transaction ID : SI	323.15261		
Purpose of Disbursement		1				
Candidate Name			Amount of Each Disk	oursement this Period		
Candidate Name CHRISTOPHER P GIBSON Category/ Type				1000.00		
	ement For: 2012	Туре	7	7		
Senate	Primary General					
President	Other (specify)					
State: NY District: 19						
				7000.00		
SUBTOTAL of Disbursements This Page (optional)			7	7000.00		
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TOTAL This Period (last page this line number on	y)					

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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 discrepency 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)		FOR LINE NUMBER: PAGE					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 X 23 24	25 26			
	, ,	27	28a 28b 28c	29 30			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PAC	,						
/ Full Name (Last, First, Middle Initial)							
A. FRIENDS OF FRANK GUINTA			Date of Disbursement				
Mailing Address PO BOX 877			05 22 2012				
,	State Zip Code		Transaction ID : SB23.15254				
MANCHESTER	NH 03105		Transaction iD . SB23.13234				
Purpose of Disbursement		011	Amount of Each Disbursement this Pe				
Candidate Name		0.1					
FRANK GUINTA		Category/ Type		2500.00			
Senate	nent For: 2012 Primary General Other (specify)						
State: NH District: 01							
Full Name (Last, First, Middle Initial)							
B. MAGGIE BROOKS FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 10118				12			
,	State Zip Code NY 14610		Transaction ID : SB23.15266				
Purpose of Disbursement	14010						
Candidate Name Category/ Type			Amount of Each Disbursement this Period				
				1500.00			
Senate	nent For: 2012 Primary General Other (specify)						
State: NY District: 25							
Full Name (Last, First, Middle Initial) C.			Date of Disbursement	YY			
Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
Candidate Name Category/ Type			Amount of Each Disbursement	this Period			
President	nent For: Primary General Other (specify)	.,,,,,					
State: District:							
SUBTOTAL of Disbursements This Page (optional)		·····		4000.00			
TOTAL This Period (last page this line number only).			1	1000.00			

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

Form/Schedule: SB23

Transaction ID : SB23.15254

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
FOR LINE NUMBER: (check only one)

	9
X	10

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