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Image# 13940770102

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzea committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc.	Federal PAC		
ADDRESS (number and street)	625 State Street		
Check if different			
than previously reported. (ACC)	Schenectady		NY 12305 - L
2. FEC IDENTIFICATION N	UMBER ▼ CIT	TY▲	STATE ▲ ZIP CODE ▲
C C00431429		S THIS REPORT (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (M2)	(Non-Election Year Only)
(a) Quarterly Reports:		20 (M3) Jun 20 (N	(Non-Election Year Only)
April 15 Quarterly Report (0	01)	20 (M4) Jul 20 (M	
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (Y	Fleatia	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		on on	in the State of
5. Covering Period 0		through 06	30 2011
I certify that I have examined the	nis Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	er Mr. Frank Fanshawe		
Signature of Treasurer Mr. I	Frank Fanshawe	[Electronically Filed]	Date 05 / 28 / 2013
NOTE: Submission of false, erron	eous, or incomplete information	n may subject the person signir	g this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

OI FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE F RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name MVP Health Care Inc. Federal PAC		
WIVE Realth Care Inc. Federal PAC		
Report Covering the Period: From: 01	01 2011 To	o: 06 30 / Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		45440.34
(b) Cash on Hand at Beginning of Reporting Period	45440.34	
(c) Total Receipts (from Line 19)	22229.00	22229.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67669.34	67669.34
7. Total Disbursements (from Line 31)	24700.00	24700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42969.34	42969.34
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 multican	didate committee. (see FEC FORM 1M)	
	or further information contact:	
	Federal Election Commission	

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP H	ealth	Care	Inc.	Federal	PAC
-------	-------	------	------	---------	-----

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	10220.00	10220.00
(i) Itemized (use Schedule A)	10220.00	10220.00
(ii) Unitemized	12009.00	12009.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	22229.00	22229.00
(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)▶	22229.00	22229.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
202		
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Lovin Funds (from Schodula UE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	22229.00	22229.00
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	22229.00	22229.00

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		outonaut four to bute		
Activity (from Schedule H4)	0.00	0.00		
(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		7 7 7		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	24700.00	24700.00		
Independent Expenditures	2	24700.00		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
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 (add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶		7 7		
Total Disbursements (add Lines 21(c), 22,	04700.00			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24700.00	24700.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24700.00	24700.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22229.00	22229.00
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22229.00	22229.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the

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(check only one)									
	X	11a		11b		11c	12		
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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) Ms. Mary Bianchi Date of Receipt Mailing Address 6 Doris Drive 01 2011 28 City Zip Code State Transaction ID: SA11AI.11566 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Occupation MVP Service Corp VP, Sales Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 2011 06 02 City State Zip Code Transaction ID: SA11AI.10293 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 06 16 2011 City State Zip Code Transaction ID: SA11AI.10294 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 440.00

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) Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 30 2011 06 City Zip Code State Transaction ID: SA11AI.10295 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 2011 04 07 City State Zip Code Transaction ID: SA11AI.10302 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive 04 21 2011 City Zip Code State Transaction ID: SA11AI.10303 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation **VP Medical Director** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s) for each category of the

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

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) Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 02 2011 City State Zip Code Transaction ID: SA11AI.10366 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 2011 06 16 City State Zip Code Transaction ID: SA11AI.10367 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 30 06 2011 City State Zip Code Transaction ID: SA11AI.10368 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional).....

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

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

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or for commercial purposes, other than using	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		Date of Receipt
Mailing Address 7723 Majestic Drive		03 24 2011
City	State Zip Code	Transaction ID : SA11AI.10374
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		04 07 2011
City	State Zip Code	Transaction ID : SA11AI.10375
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) C. Patricia Deferio	<u>'</u>	Date of Receipt
Mailing Address 7723 Majestic Drive		04 21 2011
City	State Zip Code	Transaction ID : SA11AI.10376
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	_
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional	l)	120.00
TOTAL This Period (last page this line num	ber only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 03 2011 24 City State Zip Code Transaction ID: SA11AI.10458 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2011 04 07 City State Zip Code Transaction ID: SA11AI.10459 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 04 21 2011 City State Zip Code Transaction ID: SA11AI.10460 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 180.00 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) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 05 2011 City State Zip Code Transaction ID: SA11AI.10461 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2011 05 19 City State Zip Code Transaction ID: SA11AI.10462 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 02 06 2011 City State Zip Code Transaction ID: SA11AI.10463 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 17 OF 89 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) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2011 16 City State Zip Code Transaction ID: SA11AI.10464 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2011 06 30 City State Zip Code Transaction ID: SA11AI.10465 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 03 06 2011 City Zip Code State Transaction ID: SA11AI.10502 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Director EPMO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd		Date of Receipt
City	State Zip Code	06 17 2011 Transaction ID : SA11AI.10503
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) 3. Dominic Galante Mailing Address 220 Alexander Street		Date of Receipt
		04 07 2011
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.10510 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 Medical Quality Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Data of Pagaint
Mailing Address 220 Alexander Street		Date of Receipt 04 21 2011
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.10511 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care	VP Medical Quality Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line number		

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	AC	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary Other (specify) Call Name (Last, First, Middle Initial) General	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 270.00	Date of Receipt 05 05 2011 Transaction ID: SA11AI.10512 Amount of Each Receipt this Period 30.00
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 Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 300.00	Date of Receipt 05 19 2011 Transaction ID : SA11AI.10513 Amount of Each Receipt this Period 30.00
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 Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 330.00	Date of Receipt 06 02 2011 Transaction ID: SA11AI.10514 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line number or	nly)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 2011 06 16 City Zip Code State Transaction ID: SA11AI.10515 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Medical Quality Management MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 2011 06 30 City State Zip Code Transaction ID: SA11AI.10516 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bill Geddings Date of Receipt Mailing Address 75 Robinwood Drive 02 06 2011 City Zip Code State Transaction ID: SA11AI.10551 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **VP Health Services** MVP 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

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) A. Bill Geddings Mailing Address, 75 Rehipwood Drive		Date of Receipt
Mailing Address 75 Robinwood Drive		06 16 2011
City	State Zip Code	Transaction ID : SA11AI.10552
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	
MVP	VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Bill Geddings		Data of Pagaint
Mailing Address 75 Robinwood 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.10553
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) C. Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		02 10 2011
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.10568 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	-
MVP	VP, Medicare Products	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line numb	per only)	

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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		02 24 2011
City Rochester	State Zip Code NY 14610	Transaction ID : SA11AI.10569
	N1 14010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
MVP	VP, Medicare Products	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Other (specify)	020.00	
Full Name (Last, First, Middle Initial) 3. Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		03 10 2011
City	State Zip Code	Transaction ID : SA11AI.10570
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
MVP	VP, Medicare Products	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	400.00	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) C. Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		03 24 2011
City	State Zip Code NY 14610	Transaction ID : SA11AI.10571
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
MVP	VP, Medicare Products	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	480.00	
Other (specify) ▼	460.00	
SUBTOTAL of Receipts This Page (optional)		240.00
TOTAL This Period (last page this line number	only)	

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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) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 04 07 2011 City State Zip Code Transaction ID: SA11AI.10572 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 2011 04 21 City State Zip Code Transaction ID: SA11AI.10573 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 05 2011 City Zip Code State Transaction ID: SA11AI.10574 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) 240.00 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) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2011 City State Zip Code Transaction ID: SA11AI.10575 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 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2011 06 02 City State Zip Code Transaction ID: SA11AI.10576 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 880.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 06 16 2011 City Zip Code State Transaction ID: SA11AI.10577 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 960.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	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) Patrick Glavey Mailing Address 405 Windows Read		Date of Receipt
Mailing Address 165 Windemere Road		06 30 2011
City	State Zip Code	Transaction ID : SA11AI.10578
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	-
MVP	VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt
		02 10 2011
City	State Zip Code	Transaction ID : SA11AI.10581
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	1
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	210.00	
Full Name (Last, First, Middle Initial) Denise Gonick	'	Date of Receipt
Mailing Address 803 Via Marchella		02 24 2011
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.10582 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	-
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
SUBTOTAL of Receipts This Page (optional)	220.00
TOTAL This Period (last page this line numl	per 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	IPAC	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt
Mailing Address 803 VIa Marchella		03 10 2011
City	State Zip Code	Transaction ID : SA11AI.10583
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)	300.00	
3. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		M = M / D = D / Y = Y = Y
City	State Zip Code	03 24 2011 Transaction ID : \$4114110594
Schenectady	NY 12303	Transaction ID : SA11AI.10584 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	70.00
Name of Employer	Occupation	1
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		04 07 2011
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.10585 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	-
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	490.00	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 2011 21 City Zip Code State Transaction ID: SA11AI.10586 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 EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 05 05 City State Zip Code Transaction ID: SA11AI.10588 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 19 2011 City Zip Code State Transaction ID: SA11AI.10589 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation EVP & Chief Legal Officer, Pres. of Op MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 210.00 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) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 06 02 City Zip Code State Transaction ID: SA11AI.10590 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 EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 770.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 06 16 City State Zip Code Transaction ID: SA11AI.10591 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 30 06 2011 City Zip Code State Transaction ID: SA11AI.10592 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation EVP & Chief Legal Officer, Pres. of Op MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 10 2011 City Zip Code State Transaction ID: SA11AI.10622 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 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 02 2011 24 City State Zip Code Transaction ID: SA11AI.10623 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 320.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 03 10 2011 City Zip Code State Transaction ID: SA11AI.10635 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 400.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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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 2011 03 24 City Zip Code State Transaction ID: SA11AI.10624 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 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 2011 04 07 City State Zip Code Transaction ID: SA11AI.10625 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 560.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 04 21 2011 City Zip Code State Transaction ID: SA11AI.10626 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 640.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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Any in 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 05 2011 City State Zip Code Transaction ID: SA11AI.10627 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 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 05 19 2011 City State Zip Code Transaction ID: SA11AI.10628 NH 03307 Loudon 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 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 02 2011 06 City State Zip Code Transaction ID: SA11AI.10629 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 880.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Star or for commercial purposes, other than using the n	tements may not be sold or used by any per lame and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	/C	
' '	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 960.00	Date of Receipt M
MVD	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 1040.00	Date of Receipt 06 30 2011 Transaction ID: SA11AI.10631 Amount of Each Receipt this Period 80.00
' '	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 240.00	Date of Receipt 03 11 2011 Transaction ID: SA11AI.10636 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional)	•	220.00
TOTAL This Period (last page this line number on	nly)	

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville	State Zip Code NY 12211	Date of Receipt 03 25 2011 Transaction ID : SA11AI.10637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.00	60.00
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City	State Zip Code NY 12211	Date of Receipt 04 08 2011 Transaction ID: SA11AI.10638
Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 60.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights	360.00	Date of Receipt
City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 420.00	Transaction ID : SA11AI.10639 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional)	>	180.00
TOTAL This Period (last page this line number	r only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights 2011 06 City Zip Code State Transaction ID: SA11AI.10640 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 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights 2011 05 20 City State Zip Code Transaction ID: SA11AI.10641 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 540.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights 03 06 2011 City Zip Code State Transaction ID: SA11AI.10642 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 600.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) David Henderson Meiling Address 4 Lander Heights		Date of Receipt
Mailing Address 1 Loudon Heights		06 17 2011 _
City	State Zip Code	Transaction ID : SA11AI.10643
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	1
MVP	EVP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Allen Hinkle Mailing Address 65 Jenkins Rd.		Date of Receipt
maining / idai 000 to Jenkins Ka.		02 11 2011
City	State Zip Code	Transaction ID : SA11AI.11567
Lebanon	NH 03766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
MVP Health Care	Chief Medical Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12306	Transaction ID : SA11AI.10680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	-
MVP	Administrative	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
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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) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Drive 2011 City State Zip Code Transaction ID: SA11AI.10681 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2011 04 07 City State Zip Code Transaction ID: SA11AI.10728 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 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 04 21 2011 City Zip Code State Transaction ID: SA11AI.10729 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 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	EMIZED RECEIPTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 OF 8 (check only one)						
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	ly information copied from such Reports and Statements of for commercial purposes, other than using the name and								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC								
Α.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt						
	Mailing Address 38 Fox Hill Drive		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City State	Zip Code	Transaction ID : SA11AI.10730						
	Fairport NY	14450	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		30.00						
	Name of Employer Occupation	on							
	MVP VP Inform	nation Technology							
	Receipt For:	e Year-to-Date ▼							
	Primary General Other (specify) ▼	270.00							
 В.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt						
	Mailing Address 38 Fox Hill Drive		05 19 2011						
	City State	Zip Code	Transaction ID : SA11AI.10731						
	Fairport NY	14450	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.		30.00						
	Name of Employer Occupation MVP VP Inform	on ation Technology							
	Possint For:	- -							
	Primary General Other (specify) ▼ Aggregat	e Year-to-Date ▼ 300.00							
<u> </u>	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt						
٥.	Mailing Address 38 Fox Hill Drive		M = M / D = D / Y = Y = Y						

Other (specify)	300.00	
Full Name (Last, First, Middle Initial) . Kevin Husted		Date of Receipt
Mailing Address 38 Fox Hill Drive		06 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.10732
Fairport	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP	VP Information Technology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	

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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) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2011 06 16 City Zip Code State Transaction ID: SA11AI.10733 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 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Drive 2011 06 30 City State Zip Code Transaction ID: SA11AI.10734 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 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 03 25 2011 City Zip Code State Transaction ID: SA11AI.10753 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 240.00 Other (specify) 100.00 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) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 04 2011 08 City Zip Code State Transaction ID: SA11AI.10754 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 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2011 04 22 City State Zip Code Transaction ID: SA11AI.10755 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 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 06 05 2011 City Zip Code State Transaction ID: SA11AI.10756 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 360.00 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) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2011 20 City Zip Code State Transaction ID: SA11AI.10757 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 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2011 06 03 City State Zip Code Transaction ID: SA11AI.10758 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 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 17 06 2011 City Zip Code State Transaction ID: SA11AI.10759 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 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Joseph Lia Date of Receipt Mailing Address 12 Sutherland Drive 04 07 2011 City Zip Code State Transaction ID: SA11AI.10843 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. Joseph Lia Date of Receipt Mailing Address 12 Sutherland Drive 2011 04 21 City State Zip Code Transaction ID: SA11AI.10844 NY Highland Mills 10930 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Lia Date of Receipt Mailing Address 12 Sutherland Drive 05 05 2011 City Zip Code State Transaction ID: SA11AI.10845 NY Highland Mills 10930 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Mid-Hudson Region MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 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. Federa	I PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing	State Zip Code NY 10930	Date of Receipt M
federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) Other	Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 300.00	30.00
Full Name (Last, First, Middle Initial) 3. Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills	State Zip Code NY 10930	Date of Receipt M M / D / Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation VP of Mid-Hudson Region	Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing	State Zip Code NY 10930	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
rederal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 360.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive		Date of Receipt
		06 30 2011
City Highland Mills	State Zip Code NY 10930	Transaction ID : SA11AI.10849 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MVP Receipt For:	Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) William V. Little Mailing Address and Particles Lase		Date of Receipt
Mailing Address 300 Partridge Lane City Charlotte	State Zip Code VT 05445	04 07 2011 Transaction ID : SA11AI.10855 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 ▼ 210.00	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		04 21 2011
City Charlotte	State Zip Code VT 05445	Transaction ID : SA11AI.10856 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 ▼ 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) William V. Little Date of Receipt Mailing Address 300 Partridge Lane 05 2011 City State Zip Code Transaction ID: SA11AI.10857 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 2011 05 19 City State Zip Code Transaction ID: SA11AI.10858 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 02 06 2011 City Zip Code State Transaction ID: SA11AI.10859 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 16 2011
City	State Zip Code	Transaction ID : SA11AI.10860
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	
MVP Service Corp.	VP Vermont	
Receipt For: Primary General Other (coesify)	Aggregate Year-to-Date ▼ 360.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	300.00	
3. William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		06 30 2011
City	State Zip Code	Transaction ID : SA11AI.10861
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Service Corp.	VP Vermont	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) Carl Maleri Jr.	<u> </u>	Date of Receipt
Mailing Address 19 Crimson Way		03 24 2011
City	State Zip Code	Transaction ID : SA11AI.10919
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	VP, Underwriting and Analysis	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional	ıl)	100.00
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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 04 07 2011 City Zip Code State Transaction ID: SA11AI.10920 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 2011 04 21 City State Zip Code Transaction ID: SA11AI.10921 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 05 05 2011 City Zip Code State Transaction ID: SA11AI.10922 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Underwriting and Analysis MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 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) Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 30 2011 06 City State Zip Code Transaction ID: SA11AI.10926 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2011 04 07 City State Zip Code Transaction ID: SA11AI.10933 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 04 21 2011 City Zip Code State Transaction ID: SA11AI.10934 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care **VP Marketing** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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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) Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt
City Saratoga	State Zip Code NY 12866	05 05 2011 Transaction ID : SA11AI.10935 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	30.00
MVP Health Care Receipt For: Primary Other (specify)	VP Marketing Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt 05 19 2011
City Saratoga FEC ID number of contributing	State Zip Code NY 12866	Transaction ID : SA11AI.10936 Amount of Each Receipt this Period
rederal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP Marketing Aggregate Year-to-Date ▼ 300.00	30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt
City Saratoga FEC ID number of contributing	State Zip Code NY 12866	06 02 2011 Transaction ID : SA11AI.10937 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care Receipt For:	Occupation VP Marketing	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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	Statements may not be sold or used by any persone name and address of any political committee to			
NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal	PAC			
Full Name (Last, First, Middle Initial) A. Augusta Martin		Date of Receipt		
Mailing Address 457 Crescent Ave		06 16 2011		
City	State Zip Code	Transaction ID : SA11AI.10938		
Saratoga	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer	Occupation			
MVP Health Care	VP Marketing			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	202.00			
Other (specify) ▼	360.00			
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt		
Mailing Address 457 Crescent Ave	Mailing Address 457 Crescent Ave			
City	State Zip Code	06 30 2011 Transaction ID : SA11AI.10939		
Saratoga	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing				
federal political committee.	[C]	30.00		
Name of Employer	Occupation			
MVP Health Care	VP Marketing			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General	00 0			
Other (specify) ▼	390.00			
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt		
Mailing Address 21 Joellen Drive		M = M / D = D / Y = Y = Y		
City	State 7's Cada	03 24 2011		
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.10958		
		Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	40.00		
Name of Employer	Occupation			
MVP	VP, Business Excellence			
Receipt For:				
Primary General	240.00			
Other (specify) ▼	240.00			
SUBTOTAL of Receipts This Page (optional)	•	100.00		
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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	I PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 31 Jacobs Drive		Date of Receipt
Mailing Address 21 Joellen Drive		04 07 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.10959
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP	VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
21 document brive		04 21 2011
City	State Zip Code	Transaction ID : SA11AI.10960
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		05 05 2011
City Rochester	State Zip Code NY 14626	Transaction ID : SA11AI.10962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP	VP, Business Excellence	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional)		120.00
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2011 City Zip Code State Transaction ID: SA11AI.10963 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2011 06 02 City State Zip Code Transaction ID: SA11AI.10964 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 06 16 2011 City Zip Code State Transaction ID: SA11AI.10965 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC .	
MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 520.00	Date of Receipt 06 30 2011 Transaction ID: SA11Al.10966 Amount of Each Receipt this Period 40.00
MAND	State Zip Code NY 12077 C Occupation EVP, HR Aggregate Year-to-Date ▼	Date of Receipt 03 10 2011 Transaction ID: SA11AI.10984 Amount of Each Receipt this Period 50.00
. ,	State Zip Code NY 12077 C Occupation EVP, HR Aggregate Year-to-Date ▼	Date of Receipt 03
SUBTOTAL of Receipts This Page (optional)	>	140.00
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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) James Morrill Date of Receipt Mailing Address 54 Henderson Road 04 07 2011 City State Zip Code Transaction ID: SA11AI.10986 NY 12077 Glenmont Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Morrill Date of Receipt Mailing Address 54 Henderson Road 2011 04 21 City State Zip Code Transaction ID: SA11AI.10987 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Road 05 05 2011 City Zip Code State Transaction ID: SA11AI.10988 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP EVP, HR 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

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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) James Morrill Date of Receipt Mailing Address 54 Henderson Road 2011 City State Zip Code Transaction ID: SA11AI.10989 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Morrill Date of Receipt Mailing Address 54 Henderson Road 06 02 2011 City Zip Code State Transaction ID: SA11AI.10990 NY 12077 Glenmont Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road		Date of Receipt 06 16 2011
City Glenmont FEC ID number of contributing federal political committee.	State Zip Code NY 12077	Transaction ID : SA11AI.10991 Amount of Each Receipt this Period 50.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP, HR Aggregate Year-to-Date ▼ 600.00	
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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		06 30 / Y = Y = Y = Y
City Glenmont	State Zip Code NY 12077	Transaction ID : SA11AI.10992 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP, HR Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive		Date of Receipt
City Voorheesville	State Zip Code NY 12186	06 02 2011 Transaction ID : SA11AI.11043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		06 16 2011
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.11044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP Receipt For: □ Primary □ General Other (specify) ▼	Director of Finance Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) A. Richard Odorizzi Mailing Address 71 East Claremond Drive		Date of Receipt 06 30 2011
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.11045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Director of Finance Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt 04 07 2011
City Albany FEC ID number of contributing	State Zip Code NY 12205	Transaction ID : SA11AI.11052 Amount of Each Receipt this Period
Receipt For: Primary Other (specify) General General General	C Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 210.00	30.00
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt
City Albany FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12205 C Occupation	Transaction ID : SA11AI.11053 Amount of Each Receipt this Period 30.00
MVP Health Care Receipt For: Primary General Other (specify) ▼	Corp VP of Operations Aggregate Year-to-Date ▼ 240.00	
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TOTAL This Period (last page this line numbe	r only)	

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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) A. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 2011 City Zip Code State Transaction ID: SA11AI.11054 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation **MVP Health Care** Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 05 19 2011 City State Zip Code Transaction ID: SA11AI.11055 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle M M / 02 06 2011 City Zip Code State Transaction ID: SA11AI.11056 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care 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. Federal	PAC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address a Class Coatle		Date of Receipt
Mailing Address 3 Clare Castle		06 16 2011
City	State Zip Code	Transaction ID : SA11AI.11057
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) David Orlando	•	Date of Receipt
Mailing Address 3 Clare Castle		06 30 2011
City	State Zip Code	Transaction ID : SA11AI.11058
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 931 Northumberland Dr.		06 03 2011
City	State Zip Code	Transaction ID : SA11AI.11150
Niskayuna	NY 12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	1
MVP Health Care	Assoc. Director , Group Reporting	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	220.00	
SUBTOTAL of Receipts This Page (optional).		80.00
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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) Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 2011 City Zip Code State Transaction ID: SA11AI.11151 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Assoc. Director, Group Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ellen Runyon Date of Receipt Mailing Address 625 State Street 2011 06 02 City State Zip Code Transaction ID: SA11AI.11223 NY Schenectady 12047 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP VP of E Business Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ellen Runyon Date of Receipt Mailing Address 625 State Street 06 16 2011 City Zip Code State Transaction ID: SA11AI.11224 NY Schenectady 12047 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of E Business MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) A. Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee.	State Zip Code NY 12047	Date of Receipt M M
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP of E Business Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park	State Zip Code NY 12065	Date of Receipt 04 08 2011 Transaction ID: SA11AI.11232
Clifton Park FEC ID number of contributing federal political committee. Name of Employer	NY 12065	Amount of Each Receipt this Period 30.00
MVP Health Care Receipt For: Primary General Other (specify) ▼	VP Underwriting Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge	'	Date of Receipt 04 22 2011
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	Transaction ID : SA11AI.11233 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	•	80.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2011 06 City Zip Code State Transaction ID: SA11AI.11234 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 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2011 05 20 City State Zip Code Transaction ID: SA11AI.11235 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 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 03 06 2011 City Zip Code State Transaction ID: SA11AI.11236 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Underwriting MVP Health Care 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)..... 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) Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2011 City State Zip Code Transaction ID: SA11AI.11237 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 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2011 04 07 City State Zip Code Transaction ID: SA11AI.11244 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 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 21 2011 City Zip Code State Transaction ID: SA11AI.11245 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 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	statements may not be sold or used by any person e 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) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
	State 7in Code	05 05 2011
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.11246 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) 3. Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
Mailing Address 160 Fifth Avenue City Saratoga Springs	State Zip Code NY 12866	05 19 2011 Transaction ID : SA11AI.11247 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		06 02 2011
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.11248 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Receipt For:	Occupation VP Sales 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)	

	FO	R LINE	NU	IMBER	:	PAGE	: (65 O	F	86
	(ch	eck only	or	ne)						
Use separate schedule(s) for each category of the Detailed Summary Page	×	11a		11b		11c		12		
,g.		13		14		15		16		17

Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	IPAC	
Full Name (Last, First, Middle Initial) A. Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
		06 16 2011
City	State Zip Code NY 12866	Transaction ID : SA11AI.11249
Saratoga Springs	12000	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 (coorie)	Aggregate Year-to-Date ▼	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.11250
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	1
MVP	VP Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		03 24 2011
City	State Zip Code	Transaction ID : SA11AI.11342
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional).	•	100.00
TOTAL This Period (last page this line number	<u> </u>	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 66 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С	
Name of Employer MVP Receipt For: Primary Other (specify) O	State Zip Code NY 14624 C Deccupation P, Sales Aggregate Year-to-Date ▼ 280.00	Date of Receipt 04 07 2011 Transaction ID: SA11Al.11343 Amount of Each Receipt this Period 40.00
Name of Employer V	State Zip Code NY 14624 C Cccupation P, Sales Aggregate Year-to-Date ▼ 320.00	Date of Receipt M M / D D / Y Y Y Y Y Q4 21 2011 Transaction ID: SA11AI.11344 Amount of Each Receipt this Period 40.00
Name of Employer MVP Possint For:	State Zip Code NY 14624 C Decupation P, Sales Aggregate Year-to-Date ▼ 360.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	>	120.00
TOTAL This Period (last page this line number only	/)	

		PAGE 6	67 OF	89
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b	11c	12	_
	13 14	15	16	17

		1.0
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 400.00	Date of Receipt 05 19 2011 Transaction ID: SA11AI.11346 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 440.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 06
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 480.00	Date of Receipt 06 16 2011 Transaction ID : SA11AI.11348 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line numl	ber only)	

FOR LINE NUMBER: PAGE 68 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

89

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) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 30 2011 City Zip Code State Transaction ID: SA11AI.11349 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 03 2011 24 City State Zip Code Transaction ID: SA11AI.11390 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 04 07 2011 City State Zip Code Transaction ID: SA11AI.11391 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 69 OF 89 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) John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 04 2011 21 City State Zip Code Transaction ID: SA11AI.11392 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 2011 05 05 City State Zip Code Transaction ID: SA11AI.11393 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 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) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 05 19 2011 City State Zip Code Transaction ID: SA11AI.11394 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General

120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

400.00

Other (specify)

FOR LINE NUMBER: PAGE 70 OF 89 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) John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 2011 06 02 City State Zip Code Transaction ID: SA11AI.11395 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 2011 06 16 City State Zip Code Transaction ID: SA11AI.11396 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 30 06 2011 City State Zip Code Transaction ID: SA11AI.11397 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation CIO MVP 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

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 71 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	eck only	y one) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements ma	, , , ,				_		

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) Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 04 07 2011 City State Zip Code Transaction ID: SA11AI.11404 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, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 04 21 2011 City State Zip Code Transaction ID: SA11AI.11405 Clifton Park NY 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, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 05 05 2011 City State Zip Code Transaction ID: SA11AI.11406 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 Associate Counsel MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 72 OF 89 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) Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 2011 19 City Zip Code State Transaction ID: SA11AI.11407 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 Associate Counsel MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 2011 06 02 City State Zip Code Transaction ID: SA11AI.11408 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, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 06 16 2011 City Zip Code State Transaction ID: SA11AI.11409 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE N	NUMBER:	PAGE	: 73 O	F
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	16	

89

		Detailed Sur	nmary Page	-	13	14	15	16	17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and a	ay not be sold of address of any r	or used by any poolitical committee	erson f	or the p	ourpose of	soliciting	contributi	ons
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I									
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court						Receipt		V	V
City	State	Zip Code		41	06 T	30	J L.	2011	Y
Clifton Park	NY	12065		<u> </u>		action ID :			
-		12000		-	Amount	of Each R	eceipt this	Period	
FEC ID number of contributing federal political committee.	С							30.0	00
Name of Employer	Occupation	า							
MVP Health Care, Inc.	Associate 0	Counsel							
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼	33 13 11	7 7	390.00						
Full Name (Last, First, Middle Initial) Tracey Welch					Date of	Receipt			
Mailing Address 134 Thornberry Lane					M = M 06	03	/ Y	2011	Y
City	State	Zip Code			Transa	ction ID :	SA11AI.11	473	
Rensselaer	NY	12144			Amount	of Each R	eceipt this	Period	
FEC ID number of contributing federal political committee.	ů			20.00					00
Name of Employer	Occupation	า							
MVP Health Care	Director Me	edical and Netwo	rk Analysis						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	220.00						
Full Name (Last, First, Middle Initial) Tracey Welch					Date of	Receipt			
Mailing Address 134 Thornberry Lane					м - м 06	/ D D D		2011	Y
City	State	Zip Code			Transa	action ID :	SA11AI.1	1474	
Rensselaer	NY	12144			Amount	of Each R	eceipt this	Period	
FEC ID number of contributing federal political committee.	С					,		20.	00
Name of Employer	Occupation	า							
MVP Health Care	Director Me	edical and Netwo	ork Analysis						
Receipt For: Primary General	Aggregate	Year-to-Date ▼							
Other (specify)		, ,	240.00						
SUBTOTAL of Receipts This Page (optional))			,	-,	70.0	00
TOTAL This Period (last page this line number	only).								

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

	FOF	R LINE	NU	IMBER	:	PAGE	7	74 OI	F	89
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
,,g.		13		14		15		16		717

angle MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M / 07 2011 Transaction ID: SA11AI.11482 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 240.00	Date of Receipt O4 21 2011 Transaction ID: SA11Al.11483 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 270.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 75 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

89

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 2011 19 City Zip Code State Transaction ID: SA11AI.11485 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2011 06 02 City State Zip Code Transaction ID: SA11AI.11486 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 16 2011 City Zip Code State Transaction ID: SA11AI.11487 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	7	'6	OF	
Use separate schedule(s) for each category of the	(check only one)	 11c		12		
Detailed Summary Page	110		\dashv	12	Г	_

89

13 14 15 16

	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) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NH 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 390.00	Date of Receipt M. M. M. J. D. J.
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).	>	30.00
TOTAL This Period (last page this line number	er only)	10220.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 77 OF 89
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER:
II LIMILLO DIODONOLIVILIANO	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
	Betailed Guillinary 1 age	27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten			
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PAC	,		
Full Name (Last, First, Middle Initial)			
A. AMERICAS HEALTH INSURANCE	PLANS PAC (AHI	P PAC)	Date of Disbursement
		,	M M / D D / Y Y Y Y
Mailing Address 601 PENNSYLVANIA AVENUE NV	I		03 14 2011
SUITE 500 SOUTH BUILDING City	State Zip Code		
WASHINGTON	DC 20004		Transaction ID : SB23.11581
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name AMERICAS HEALTH INSURANCE PLANS		Category/	5000.00
	nent For: 2012	Туре	, , , , , , , , , , , , , , , , , , , ,
Senate Disburser	Primary Seneral		
President	Other (specify)		
State: District:	• • • •		
Full Name (Last, First, Middle Initial)			
B. ANN MARIE BUERKLE FOR CON	GRESS		Date of Disbursement
W. W. A. I.I.			M M / D D / Y Y Y Y Y
Mailing Address 3779 UNDERWOOD WAY			02 03 2011
City	State Zip Code		
SYRACUSE	NY 13215		Transaction ID: SB23.11575
Purpose of Disbursement Contribution			
Candidate Name		011	Amount of Each Disbursement this Period
ANN MARIE BUERKLE		Category/ Type	2500.00
	nent For: 2012	Турс	
	Primary General		
President	Other (specify) ▼		
State: NY District: 25			
Full Name (Last, First, Middle Initial)			B (B) .
C. CHRIS GIBSON FOR CONGRESS	5		Date of Disbursement
Mailing Address PO BOX 247			03 22 2011
maining / learness O BOX 247			
,	State Zip Code		Transaction ID : SB23.11586
KINDERHOOK Purpose of Disbursement	NY 12106		
Contribution		011	Assessed of Foods Dichesson and this Deviced
Candidate Name			Amount of Each Disbursement this Period
CHRIS P GIBSON		Category/ Type	1500.00
Office Sought: House Disburser	nent For: 2012		
Senate	Primary General		
President Pictriet: 00	Other (specify) ▼		
State: NY District: 20			
SUBTOTAL of Disbursements This Page (optional)			9000.00
CODITION OF DISDUISEMENTS THIS Page (OPTIONAL)			
TOTAL This Period (last page this line number only)			

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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 : SB23.11575

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: SB23.11586

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	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 3
Any information copied from such Reports and State	mente may not be sold or use		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PA	С		
/			
Full Name (Last, First, Middle Initial)			D. (D.)
A. CITIZENS FOR ALTMIRE			Date of Disbursement
Mailing Address P.O. BOX 1776			05 05 2011
Mailing / Marcos 1.0. BOX 1770			30 30 2011
City	State Zip Code		Transaction ID : SB23.11598
FREEDOM	PA 15042		Transaction ID: 3B23.11396
Purpose of Disbursement Contribution		044	Assessed of Foods Dichesson and this Posted
Candidate Name		011	Amount of Each Disbursement this Period
JASON ALTMIRE		Category/ Type	1000.00
<u> </u>	ment For: 2012	iype	
Senate	Primary General		
President	Other (specify) ▼		
State: PA District: 04	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
B. FRIENDS OF JEANNE SHAHEE!	١		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address 105 N STATE STREET			05 24 2011
City	State Zip Code		
CONCORD	NH 03301		Transaction ID : SB23.11605
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	200.00
JEANNE SHAHEEN		Туре	200.00
	ment For: 2014 Primary General		
Senate President	Primary General Other (specify) ▼		
State: NH District: 00	Other (opcomy)		
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF NAN HAYWORTH			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 51 GLENEIDA AVENUE			03 11 2011
0.1	O:		
City CARMEL	State Zip Code NY 10512		Transaction ID : SB23.11578
Purpose of Disbursement	10312		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
NAN HAYWORTH		Type	1000.00
	ment For: 2012		
Senate	Primary General		
President State: NV District: 40	Other (specify) ▼		
State: NY District: 19			
CURTOTAL of Disburgoments This Dage (actions!)			2200.00
SUBTOTAL of Disbursements This Page (optional).			
TOTAL This Period (last page this line number only	·)		

1mage# 13940770181 PAGE 80 / 89

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

Form/Schedule: SB23

Transaction ID : SB23.11605

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

a contribution to the 2014 primary.

Form/Schedule: SB23

Transaction ID: SB23.11578

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

contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Staten	pente may not be cold or up				
or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from	m such committee.	
NAME OF COMMITTEE (In Full)					
MVP Health Care Inc. Federal PAC	;				
Full Name (Last, First, Middle Initial)		1			
A. JANE CORWIN FOR CONGRESS			Date of Disbursemer	nt	
Mailing Address PO BOX 15385			05 04	_2011	
City	State Zip Code				
ROCHESTER	NY 14615		Transaction ID : SE	323.11616	
Purpose of Disbursement					
Contribution		011	Amount of Each Disk	oursement this Period	
Candidate Name JANE CORWIN		Category/		1000.00	
	nent For: 2011	Туре		4	
	Primary General				
	Other (specify)				
State: NY District: 26	Special-Genera	al			
Full Name (Last, First, Middle Initial) B. JANE CORWIN FOR CONGRESS			Date of Disbursemer	nt	
- JANE CORVIN FOR CONGRESS			M M / D D	/	
Mailing Address PO BOX 15385			05 18	2011	
City	State Zip Code				
ROCHESTER	NY 14615		Transaction ID : SI	323.11620	
Purpose of Disbursement Contribution					
Contribution Candidate Name		011	Amount of Each Disk	oursement this Period	
JANE CORWIN		Category/ Type		1000.00	
	nent For: 2011	. , , , ,			
Senate	Primary General				
<u> </u>	Other (specify) ▼	-1			
State: NY District: 26	Special-Gener	aı			
Full Name (Last, First, Middle Initial) C. MICHAEL GRIMM FOR CONGRES	20		Date of Disbursemer	nt	
			M M / D D	/ Y Y Y Y Y	
Mailing Address 560 9TH STREET			06 20	2011	
City	State Zip Code				
BROOKLYN	NY 11215		Transaction ID : SI	323.11608	
Purpose of Disbursement Contribution					
Candidate Name	Condidate Name			oursement this Period	
MICHAEL GRIMM		Category/ Type		2000.00	
	nent For: 2012	.,,,,			
	Primary General				
	Other (specify) ▼				
State: NY District: 13					
SUBTOTAL of Disbursements This Page (optional)				4000.00	
CODITION DISDUISEMENTS THIS Page (optional)		·····	7	7	
TOTAL This Period (last page this line number only)					

1mage# 13940770183 PAGE 82 / 89

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DC FHZ'G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: SB23

Transaction ID: SB23.11608

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

contribution to the 2012 primary.

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PA				PAGF	GE 83 OF			
	EMIZED DISBURSEMENTS	Use separate schedule(s	\ I -	Check only one)							
• •		for each category of the Detailed Summary Page		21b _		23	24	25	26		
_		Dotailed Guillinary rage		27	28a	28b	28c	29	30b		
	ny information copied from such Reports and Staten										
or	for commercial purposes, other than using the name	ne and address of any polit	ical committ	ttee to so	olicit contril	outions f	rom such o	commit	tee.		
$ \setminus $	NAME OF COMMITTEE (In Full)										
]/	MVP Health Care Inc. Federal PAC)									
_	Full Name (Last, First, Middle Initial)										
A.	NATIONAL REPUBLICAN CONGR	RESSIONAL COMM	/ITTEE		Date of Di	sbursem	nent				
					M M	D D	/ Y	ΥΥΥ	Υ		
	Mailing Address 320 FIRST STREET SE				03	22		2011			
	City S	State Zip Code									
	WASHINGTON	DC 20003			Transact	ion ID :	SB23.1158	34			
	Purpose of Disbursement										
	Contribution		011		Amount of	Each D	isburseme	nt this	Period		
	Candidate Name	IAL OOM!!	Categor	ry/				1000	0.00		
	NATIONAL REPUBLICAN CONGRESSION		Type			7	7	1000	5.00		
		ment For: 2012									
	Senate President	Primary									
	State: District:	Other (specify)									
	Full Name (Last, First, Middle Initial)										
В.		RESSIONAL COM	MITTEE		Date of Di	sbursem	nent				
					M = M /	D D	/ Y	ΥΥ	Υ		
	Mailing Address 320 FIRST STREET SE				06	22	يسا ل	2011			
	01										
	City S WASHINGTON	State Zip Code DC 20003			Transac	tion ID :	SB23.1161	11			
	Purpose of Disbursement			_							
	Contribution		011		Amount of	Each D	isburseme	nt this	Period		
	Candidate Name	IAL COMMITTEE	Categor					1000	0.00		
	NATIONAL REPUBLICAN CONGRESSION		Туре			7	7	1000	3.00		
	Office Sought: House Disbursen Senate	nent For: 2012									
	President	Primary									
	State: District:	Carlot (opcony)									
_	Full Name (Last, First, Middle Initial)										
C.	NELSON 2012				Date of Di	sbursem	nent				
					M = M /	D D	/ Y	ΥΥ	Υ		
	Mailing Address PO BOX 8666				04	26		2011			
	City	State Zip Code									
	OMAHA	NE 68108			Transac	tion ID :	SB23.1158	39			
	Purpose of Disbursement			_							
	Contribution		011		Amount of	Each D	isburseme	nt this	Period		
	Candidate Name		Categor					1000	0.00		
	E BENJAMIN NELSON Office Sought: House Disburser	ment For: 2012	Туре			7		.500			
	Office Sought: House Disburser Senate	nent For: 2012 Primary General									
	President	Other (specify)									
	State: NE District: 00	- \-									
Г								_			
s	SUBTOTAL of Disbursements This Page (optional)			•		7		3000	0.00		
厂						-		-			
T	OTAL This Period (last page this line number only)			•		(E) I	1 (0) 1		1		

1mage# 13940770185 PAGE 84 / 89

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

Form/Schedule: SB23

Transaction ID : SB23.11589

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 85 OF 89		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any information copied from such Reports and State	ments may not be sold or us				
or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full)					
MVP Health Care Inc. Federal PAG					
Full Manage (Locate First Matthews to Well)		-			
Full Name (Last, First, Middle Initial) A. NEXT CENTURY FUND			Date of Disbursement		
" NEAT CENTURY FUND	NEXT CENTURY FUND				
Mailing Address 116 S ROYAL STREET			05 18 2011		
-					
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB23.11602		
Purpose of Disbursement	22314				
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	4500.00		
RICHARD BURR		Type	1500.00		
	ment For: 2012				
Senate President	Primary				
State: NC District: 00	outor (opcorry) ▼				
Full Name (Last, First, Middle Initial)					
B. RICHARD HANNA FOR CONGRE	SS COMMITTEE		Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address 2308 GENESEE STREET			01 21 2011		
City	State Zip Code				
UTICA	NY 13502		Transaction ID: SB23.11569		
Purpose of Disbursement Contribution					
		011	Amount of Each Disbursement this Period		
Candidate Name RICHARD HANNA		Category/	2000.00		
_	ment For: 2012	Туре			
	Primary General				
President	Other (specify) ▼				
State: NY District: 24					
Full Name (Last, First, Middle Initial)			Data of Dishara and		
C. SCOTT BROWN FOR US SENAT	E COMMITTEE		Date of Disbursement		
Mailing Address P.O. BOX 395			04 26 2011		
,	State Zip Code		Transaction ID : SB23.11593		
WRENTHAM Purpose of Disbursement	MA 02903				
Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
SCOTT P BROWN		Type	1000.00		
	ment For: 2012				
Senate	Primary General				
State: MA District: 00	Other (specify) ▼				
State: MA District: 00					
SUBTOTAL of Disbursements This Page (optional)			4500.00		
TOTAL This Period (last page this line number only)		1		

1mage# 13940770187 PAGE 86 / 89

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

Form/Schedule: SB23

Transaction ID: SB23.11569

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

contribution to the 2012 primary.

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE (check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ne and address of any politica	d by any persol committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. TOM REED FOR CONGRESS Mailing Address 99 W 1ST STREET			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code		Transaction ID : SB23.11572
CORNING Purpose of Disbursement Contribution	NY 14830	011	Amount of Each Disbursement this Period
Candidate Name THOMAS W II REED		Category/ Type	2000.00
	ment For: 2012 Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President State: District:	nent For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Senate President State: Disburser Senate	nent For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	2000.00
TOTAL This Period (last page this line number only)			24700.00

1mage# 13940770189 PAGE 88 / 89

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

Form/Schedule: SB23

Transaction ID : SB23.11572

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 89 OF
FOR LINE NUMBER:
(check only one)

	9	
X	10	

89

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks				of Debt (Purpose): Printing		
Mailing Address P.O. Box 742572						
City State	Zip Cod					
Cincinnati	OF	45274	Trans	saction ID : SD10.4163		
Outstanding Balance Beginning	This Period 145.00		Trans	Saction ID : 3D10.4163		
Amount Incurred This Per	riod F	Payment This Period	Outst	anding Balance at Close of This Period		
	0.00		0.00	145.00		
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done				of Debt (Purpose): ising		
Mailing Address 96 Jay Street						
City State	Zip Cod	e				
Schenectady	NY	12305				
Outstanding Balance Beginning	This Period 338.00		Tran	saction ID : SD10.4165		
Amount Incurred This Per	riod F	Payment This Period	Outst	anding Balance at Close of This Period		
	0.00		0.00	338.00		
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor				of Debt (Purpose):		
Mailing Address						
City	State	Zip Code				
Outstanding Balance Beginning						
Amount Incurred This Per	riod F	Payment This Period	Outst	anding Balance at Close of This Period		
1) SUBTOTALS This Period This Page	ge (optional)		<u>+</u>	483.00		
2) TOTALS This Period (last page this line number only)				483.00		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.00		
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ 483.00						