

**Greenberg
Traurig**

RECEIVED
FEC MAIL ROOM

2007 JAN 12 P 12:31

January 11, 2007

VIA OVERNIGHT DELIVERY

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Statement of Organization - MVP Health Care, Inc. Federal PAC

To Whom It May Concern:

Enclosed please find an original signed FEC Form 1, Statement of Organization, for MVP Health Care, Inc. Federal PAC.

If you have any questions or need further information, please feel free to call me.

Very truly yours,

GREENBERG TRAUIG, LLP

Maria E. Maloney

Maria E. Maloney
Paralegal

MEM/mem

Enclosure

ALB 1097201v1 1/11/2007

RECEIVED
FEC MAIL ROOM
2007 JAN 12 P 12:31

FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MVP Health Care, Inc. Federal PAC

ADDRESS (number and street)

625 State Street

(Check if address is changed)

Schenectady

NY

12305

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

518-388-2311

2. DATE

01/12/07

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Frank J. Fanshawe

Signature of Treasurer

Date

01/12/07

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
-----------------	--	--	--	--

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

2703933333

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MVP Health Insurance Company, Inc.

Mailing Address 625 State St.

Schenectady NY 12305

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

2703933136

Write or Type Committee Name

MVP Health Care, Inc. Federal PAC

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Frank J. Fanshawe

Mailing Address 625 State St

Schenectady NY 12305

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 518-388-2235

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Frank J. Fanshawe

Mailing Address 625 State St

Schenectady NY 12305

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 518-388-2235

Full Name of Designated Agent Denise Gonick

Mailing Address 625 State St

Schenectady NY 12305

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 518-388-2235

2703933137

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M & T BANK

Mailing Address

1766 Union St

Schenectady NY 12309-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2703933338

FEC Form 1
STATEMENT OF ORGANIZATION

MVP Health Care, Inc. Federal PAC

Additional Page 3

8. Additional Designated Agent
Dave Oliker
625 State Street
Schenectady, NY 12305
518-388-2235
Title: Assistant Treasurer

27039333139

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

2703933140

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>1-11-07</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jrus *1-12-07*
 PREPARER DATE PREPARED
 (3/2005)