(Choose One) Report I to be to (ma) I may be (ma)	Image# 13940770386				_		PAGE 1 / 112
1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12 PE4M5 MVP Health Care Inc. Federal PAC MVP Health Care Inc. Federal PAC ADDRESS (number and street) E825 State Street Check if different that providuely reported. (ACC) Scherrectady NV 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 3. IS THIS (Choose One) (a) Monthly (b) OR AMENDED (b) Monthly (choose One) NeW (b) OR AMENDED (choose One) (a) Quarterly Reports: (b) Quarterly Report (20) (b) Monthly (choose One) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1) (a) Quarterly Report (20) Oct 20 (M10) Jan 20 (M8) Jan 20 (M8) Oct 20 (M10) Jan 31 (VE) (a) Quarterly Report (20) Oct 20 (M10) Jan 31 (VE) General (12G) Runoff (12R) (a) Quarterly Report (20) Jan 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (VE) (b) Jan 31 (WE) Jan 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (VE) (c) April 15 Quarterly Report (20) General (30G) Runoff (30R) Special (30S) (c) Jan 31 (WE) Jan 20 (M2) General (30G)	-	AND	DISBUR	SEMENT	S		
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ADDRESS (number and street) Check if different is previously reported. (ACC) Schenectady C CO0431429 C CO04314 C CO04314 C CO04314 <td< td=""><td>MVP Health Ca</td><td>re Inc. Feder</td><td>al PAC</td><td></td><td></td><td></td><td></td></td<>	MVP Health Ca	re Inc. Feder	al PAC				
ADDRESS (number and street) Chack if different transmission of false, erroneous, or incomplete information may subject the person signing this Report and to the best of may knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer NY 12305 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ 3. IS THIS REPORT NW OR AMENDED 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 April 15 Quarterly Reports: April 15 Quarterly Report (C1) Jul 20 (M3) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) Quarterly Report (C2) Outsterly Report (C2) Outsterly Report (C2) Preficient in the state of Preficient in the state of 3. Object 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Quarterly Report (C2) October 15 Convention (12C) Special (12S) Special (2S) Quarterly Report (C2) October 16 General (30G) Runoff (30R) Special (30S) Year Only (MY) Termination Report Termination Report State of State of							
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Election on Election on State of 5. Covering Period 07 01 2011 through 12 31 2011 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Frank Fanshawe Signature of Treasurer Frank Fanshawe [Electronically Filed] Date 05 28 2013 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. FEC FORM 3X Office Use FEC FORM 3X	Year Only	on-election) (MY)	POST-Election	· _ ·			
5. Covering Period 07 01 2011 through 12 31 2011 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Frank Fanshawe Signature of Treasurer Frank Fanshawe [Electronically Filed] Date 05 28 2013 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Use FEC FORM 3X	(TER)		Electio			Y Y Y Y Y	
Type or Print Name of Treasurer Frank Fanshawe Signature of Treasurer Frank Fanshawe [Electronically Filed] Date 05 28 2013 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Use Use FEC FORM 3X	5. Covering Period						
Signature of Treasurer Frank Fanshawe [Electronically Filed] Date 05 28 2013 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office Image: State of the penalties of 2 U.S.C. §437g. Office Use Use Image: State of the penalties of 2 U.S.C. §437g.	-			my knowledge and	belief it is true	e, correct and	complete.
Office Use FEC FORM 3X Bey, 12/2004	Signature of Treasurer	Frank Fanshav	ve	[Electronical	ly Filed] Da		
Office Use FEC FORM 3X Bey, 12/2004	NOTE: Submission of fa	lse, erroneous, or	incomplete informatio	n may subject the pe	rson signing thi	s Report to the	e penalties of 2 U.S.C. §437g.
	Office Use				-		FEC FORM 3X

05/28/2013 16 : 59

_	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	-
FEC Form 3X (Rev. 02/2003)		Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal	PAC	
Report Covering the Period: From:	07 01 7 2011 To:	12 / D D / Y Y Y 12 31 2011
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2011	Y	45440.34
(b) Cash on Hand at Beginning of Reporting Period	42969.34	
(c) Total Receipts (from Line 19)	29355.00	51584.00
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 		97024.34
Total Disbursements (from Line 31)	7750.00	32450.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64574.34	64574.34
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
 Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) 	483.00	

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

For further information contact:

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

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

		AILED SUMMARY PAGE of Receipts	٦ ب
10	FEC Form 3X (Rev. 06/2004) /rite or Type Committee Name		Page 3
	IVP Health Care Inc. Federal PAC		
_			
R	eport Covering the Period: From: 07	/ 01 / 2011 To:	12 31 / Y Y Y Y 2011
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	15560.00	25780.00
	(ii) Unitemized	13795.00	25804.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)►	29355.00	51584.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	29355.00	51584.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))►	29355.00	51584.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	29355.00	51584.00

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	Page 4 COLUMN B			
	Total This Period	Calendar Year-to-Date			
. Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)					
(i) Federal Share	0.00	0.0			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	0.00	0.00			
(c) Total Operating Expenditures					
(add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00			
Transfers to Affiliated/Other Party Committees	0.00	0.0			
Contributions to Federal Candidates/Committees					
and Other Political Committees	7750.00	32450.00			
(use Schedule E) Coordinated Party Expenditures	0.00	0.0			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00			
i i i i i i i i i i i i i i i i i i i					
(b) Political Party Committees(c) Other Political Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6) (i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.0			
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7750.00	32450.0			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).	7750.00	32450.00			
from Line 31)	7750.00	32450.00			

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I

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	29355.00	51584.00			
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29355.00	51584.00			
 add Line 21(a)(i) and Line 21(b)) 	0.00	0.00			
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XA Transaction ID :

5/28/13 -- The report was amended to correctly categorize several disbursements that were filed with incorrect election codes. Several disbursements were incorectly labled as "general" election contributions.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED 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 or for commercial purposes, other than using			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) A. Christopher Amorosi Mailing Address 57 Niskayuna Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 12306 Medicare Sales Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Christopher Amorosi Mailing Address 57 Niskayuna Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 12306 Medicare Sales Year-to-Date ▼ 220.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Christopher Amorosi Mailing Address 57 Niskayuna Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 12306 Medicare Sales Year-to-Date ▼ 230.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			30.00

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

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С	
Name of Employer C MVP M Receipt For: A Primary General Other (specify) ▼	State Zip Code NY 12306 C C C C C C C C C C C C C C C C C C C	Date of Receipt
Name of Employer C MVP M Receipt For:	State Zip Code NY 12306 C C Inccupation Inccupation anager, Medicare Sales Incurrent sales uggregate Year-to-Date ▼ 250.00	Date of Receipt 12 15 2011 Transaction ID : SA11AI.11931 Amount of Each Receipt this Period 10.00
Name of Employer C MVP N Receipt For:	State Zip Code NY 12306 C Image: Comparison Inccupation Image: Comparison Ianager, Medicare Sales Image: Comparison Iggregate Year-to-Date ▼ 260.00	Date of Receipt 12 29 2011 Transaction ID : SA11AI.11932 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page		-		11b	11c		12		
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or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	ddress of any political committee	e to so	olicit co	ntrib	outions	from suc	n co	mmitte	эе. 	
Full Name (Last, First, Middle Initial) Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Zip Code 14534 Agmt. & Broker Admin. Year-to-Date ▼ 210.00			/ sact	20	SA11AI. Receipt th	20 . 119 4		00]
Full Name (Last, First, Middle Initial) B. Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Zip Code 14534 Igmt. & Broker Admin. Year-to-Date ▼ 220.00			/	03 ion ID :	SA11AI. Receipt th	20 1194	41	Y 00]
Full Name (Last, First, Middle Initial) Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Zip Code 14534 Agmt. & Broker Admin. Year-to-Date ▼ 230.00			sact	17 tion ID		20 . 119		_]
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC							
Full Name (Last, First, Middle Initial) A. Nancy Arena Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General		Zip Code 14534 Agmt. & Broker Admin. Year-to-Date ▼		M M 12 Trans	0 action ID		nis Period	
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Nancy Arena		240.00		Date of	Receipt			
Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing federal political committee.	State NY	Zip Code 14534	/		1 action ID	5 : SA11AI. Receipt th	nis Period	1 0.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) V		1gmt. & Broker Admin. Year-to-Date ▼ 250.00]					
C. Full Name (Last, First, Middle Initial) Mailing Address 126 Woodgreen Drive City Pittsford FEC ID number of contributing	State NY C	Zip Code 14534		M M 12 Trans	action ID	9 : SA11AI. Receipt th	nis Period	
federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Dir., Acct. N	Agmt. & Broker Admin. Year-to-Date ▼ 260.00			<u> </u>			
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TIEMIZED 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 or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) A. Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs.	State NY	Zip Code 12866	Date of Receipt
FEC ID number of contributing federal political committee.	Occupation		60.00
MVP Health Care Receipt For: Primary General Other (specify)	<i>`</i>	ork Management Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) B. Karla Austen Mailing Address 25 Carriage House La.			Date of Receipt
City Saratoga Spgs. FEC ID number of contributing federal political committee.	State NY	Zip Code 12866	Transaction ID : SA11AI.11950 Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care	Occupation EVP, Netwo	n ork Management	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1
Full Name (Last, First, Middle Initial) C. Karla Austen Mailing Address 25 Carriage House La.			Date of Receipt
City Saratoga Spgs.	State NY	Zip Code 12866	09 23 2011 Transaction ID : SA11AI.11951 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)		n ork Management Year-to-Date ▼ 360.00]
SUBTOTAL of Receipts This Page (optional)			180.00

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TIEMIZED 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 or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) A. Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)		Zip Code 12866 n ork Management Year-to-Date ▼ 420.00	Date of Receipt
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	Date of Receipt		
Cther (specify) ▼ Full Name (Last, First, Middle Initial) C. Karla Austen Mailing Address 25 Carriage House La. City Saratoga Spgs. FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12866 12866 10 ork Management Year-to-Date ▼ 540.00	Date of Receipt 11 04 2011 Transaction ID : SA11AI.11954 Amount of Each Receipt this Period 60.00
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC								
Α.	Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 25 Carriage House La.	State	Zip Code	Date of Receipt						
	Saratoga Spgs.	NY	12866	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.00						
	Name of Employer MVP Health Care	Occupation EVP, Netwo	ork Management							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
в.	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt						
Mailing Address 25 Carriage House La.				12 02 Y Y Y Y 12 02 2011						
	City Saratoga Spgs.	State Zip Code NY 12866		Transaction ID : SA11AI.11956 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.00						
	Name of Employer MVP Health Care	Occupation EVP, Netwo	ork Management	_						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00							
—	Full Name (Last, First, Middle Initial) Karla Austen			Date of Receipt						
	Mailing Address 25 Carriage House La.			12 16 2011						
	City Saratoga Spgs.	State NY	Zip Code 12866	Transaction ID : SA11AI.11957 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		60.00						
	Name of Employer	Occupation	1							
	MVP Health Care	EVP, Netwo	ork Management							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 720.00							
s	UBTOTAL of Receipts This Page (optional)			180.00						

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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TIEMIZED	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	OMMITTEE (In Full) alth Care Inc. Fede	ral PAC		
A. Karla Aust	ast, First, Middle Initial) ten ess 25 Carriage House La.			Date of Receipt
City Saratoga Sp	gs.	State NY	Zip Code 12866	Transaction ID : SA11AI.11958 Amount of Each Receipt this Period
	ber of contributing cal committee.	С		60.00
Name of Emp MVP Health (Occupation EVP, Netwo	n ork Management	
Receipt For: Primary Other (y General specify) ▼	Aggregate	Year-to-Date ▼ 780.00]
B. Linda Bor	ast, First, Middle Initial) ges ^{2SS} 627 Salvia Lane			Date of Receipt
City		State	Zip Code	07 30 2011 Transaction ID : SA11AI.12019
	ber of contributing cal committee.	NY C	12303	Amount of Each Receipt this Period
Name of Em MVP Health C		Occupation Corp. Comp	l bliance Officer/Dir. Of Compl	
Receipt For: Primary Other (/ General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (L C. Sue Brov	ast, First, Middle Initial) VN			Date of Receipt
	ess 9 Wembly Ct.	-		M M / D D / Y
City Delmar		State NY	Zip Code 12054	Transaction ID : SA11AI.12042 Amount of Each Receipt this Period
	ber of contributing al committee.	C		30.00
Name of Emp MVP Health (Occupation VP, EPMO		
Receipt For: Primary Other (/ General specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
SUBTOTAL of	Receipts This Page (option	al)		340.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a		or each category of the Detailed Summary Page	×	11a 13	11		11c 15	12	17
		ot be sold or used by any p ess of any political committe	berson f e to so	or the	purpos	se of so	liciting	contribu	itions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC								
Full Name (Last, First, Middle Initial) A. Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee.	State NY C	Zip Code 12054		11 Trans	action	03	11AI.1	is Period	
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, EPMO Aggregate Yea	ar-to-Date ▼ 250.00]		,		,		
B. Full Name (Last, First, Middle Initial) Mailing Address 9 Wembly Ct.				Date of	f Recei	ipt 17	/ Y	y y 2011	Y
City Delmar FEC ID number of contributing federal political committee.	State NY C	Zip Code 12054		Trans		ID : SA		1 2044 is Period	0.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP, EPMO Aggregate Yea	ur-to-Date ▼ 280.00]						
Full Name (Last, First, Middle Initial) C. Sue Brown Mailing Address 9 Wembly Ct.				Date of	f Recei	ipt 01	/ Y	2011	Y
City Delmar FEC ID number of contributing federal political committee.	State NY C	Zip Code 12054				n ID : SA ach Rece		is Period	0.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, EPMO Aggregate Yea	ur-to-Date ▼ 310.00]						
SUBTOTAL of Receipts This Page (optio	nal)	······					7	90	.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC							
Full Name (Last, First, Middle Initial) A. Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc.	State NY C Occupation VP, EPMO	Zip Code 12054	Date of Receipt					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 340.00]					
B. Full Name (Last, First, Middle Initial) B. Sue Brown Mailing Address 9 Wembly Ct.	Date of Receipt 12 29 2011 Transaction ID : SA11AI.12047							
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General	NY C Occupation VP, EPMO Aggregate	12054 Year-to-Date ▼	Amount of Each Receipt this Period					
C. C. Mailing Address 9 Mile Post Lane	State	370.00 Zip Code	Date of Receipt 07 12 2011 Transaction ID : SA11AI.12049					
Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General	I	14534 ster & Gov. Programs Year-to-Date ▼ 1500.00	Amount of Each Receipt this Period					
Other (specify) ▼ SUBTOTAL of Receipts This Page (option	nal)	y	1560.00					

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		category of the Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than	I Ints and Statements may not be so using the name and address of ar	ld or used by any p ny political committe	person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	deral PAC		
Full Name (Last, First, Middle Initial A. Jennifer Cenzano Mailing Address 1177 North Rd.			Date of Receipt
City	State Zip Coo	10	07 30 2011
W. Glenville	NY 12010		Transaction ID : SA11AI.12067
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation		
MVP Health Care, Inc.	Director of Accounting		
Receipt For:	Aggregate Year-to-Date	• 🔻	
Primary General			1
Other (specify)		250.00	
Full Name (Last, First, Middle Initial B. Laura Davis	·		Date of Receipt
Mailing Address 121 Meriline Ave.			12 01 _2011 _
City	State Zip Coc	le	Transaction ID : SA11AI.12141
Scotia	NY 12302		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		—
MVP Health Care, Inc.	Clinical Pharmacist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	220.00]
Full Name (Last, First, Middle Initial C. Laura Davis			Date of Receipt
Mailing Address 121 Meriline Ave.			12 15 _2011 _
City	State Zip Coc	le	Transaction ID : SA11AI.12142
Scotia	NY 12302		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation		—
MVP Health Care, Inc.	Clinical Pharmacist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	240.00]
SUBTOTAL of Receipts This Page (o	itional)		290.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page	< 11a 13		11b 14	11c		12 16	1	17
Any information copied from such Reports an or for commercial purposes, other than using			for the		pose o	f soliciting		ntribut	tions	<u> </u>
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC									
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 121 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Clinical Pha Aggregate			/ acti	29		.1214	Period	.00]
Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 7723 Majestic Dr City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		Zip Code 13090 etwork Director Year-to-Date ▼ 240.00		/ acti	22 on ID :		121		00]
Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 7723 Majestic Dr City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		Zip Code 13090 etwork Director Year-to-Date ▼ 280.00		/ sact	06 ion ID		20 .121	Period	Y .00]
SUBTOTAL of Receipts This Page (optional)					,			100.	00	

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		1b	11c	12	<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using th					purpo				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal			, 10 30		TITIDU	10113		T COMMIN	
Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 7723 Majestic Dr City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 13090 etwork Director Year-to-Date ▼ 320.00			/ saction	20 n ID :	SA11AI. Receipt th	nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) B. Patricia DeFerio Mailing Address 7723 Majestic Dr City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 13090 etwork Director Year-to-Date ▼ 360.00			actior	03 03		nis Perioo	9 0.00
Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 7723 Majestic Dr City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	-	Zip Code 13090 etwork Director Year-to-Date ▼ 400.00			/ saction	17 <u>17</u> n ID :		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)	· 						7	120	0.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fea	deral PAC		
A. Full Name (Last, First, Middle Initial) Mailing Address 7723 Majestic Dr	State	Zip Code	Date of Receipt
Liverpool FEC ID number of contributing federal political committee.	NY	13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		etwork Director Year-to-Date ▼ 440.00]
B. Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 7723 Majestic Dr			Date of Receipt
City Liverpool FEC ID number of contributing federal political committee.	State NY	Zip Code 13090	Transaction ID : SA11AI.12156 Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care, Inc. Receipt For:		etwork Director Year-to-Date ▼	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		, 480.00]
C. Patricia DeFerio Mailing Address 7723 Majestic Dr	State	Zip Code	Date of Receipt
Liverpool FEC ID number of contributing federal political committee.	NY C	13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) v		etwork Director Year-to-Date ▼ 520.00]
SUBTOTAL of Receipts This Page (opt	ional)		120.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		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 or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) A. Frank Fanshawe Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc.	State NY C Occupation VP Corpora		Date of Receipt
Receipt For: Primary General Other (specify) ▼	·	Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) B. Frank Fanshawe Mailing Address 708 Stephens Place City	State	Zip Code	Date of Receipt
Schenectady FEC ID number of contributing federal political committee.	NY	12303	Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP Corpora Aggregate]
Full Name (Last, First, Middle Initial) C. Frank Fanshawe Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation VP Corpora Aggregate		Date of Receipt 10 20 2011 Transaction ID : SA11AI.12193 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional).			120.00

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC		
Α.	Full Name (Last, First, Middle Initial) Frank Fanshawe Mailing Address 708 Stephens Place			Date of Receipt
	City Schenectady	State NY	Zip Code 12303	11 03 2011 Transaction ID : SA11AI.12194 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care, Inc. Receipt For:	Occupation VP Corpora		
	Primary General Other (specify) ▼		360.00]
В.	Full Name (Last, First, Middle Initial) Frank Fanshawe Mailing Address 708 Stephens Place			Date of Receipt
	City	State	Zip Code	11 17 2011 Transaction ID : SA11AI.12195
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Health Care, Inc.	Occupation VP Corpora		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]
с.	Full Name (Last, First, Middle Initial) Frank Fanshawe			Date of Receipt
	Mailing Address 708 Stephens Place			12 01 / Y Y Y Y Y 12 01 2011
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.12196 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer	Occupation	1	
MVP Health Care, Inc. VP Corpo				_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00]
s	UBTOTAL of Receipts This Page (optional)			120.00

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Frank Fanshawe Α. Date of Receipt Mailing Address 708 Stephens Place M M / 2011 12 15 City Zip Code State Transaction ID : SA11AI.12197 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Name of Employer Occupation VP Corporate Affairs MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place М M 2011 12 29 City State Zip Code Transaction ID : SA11AI.12198 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Corporate Affairs Receipt For: Aggregate Year-to-Date ▼ Primarv General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place M = M / D 08 25 2011 City Zip Code State Transaction ID : SA11AI.12233 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 Network Management** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 140.00 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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TIEMIZED 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 or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12159 Dork Management Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	1	Zip Code 12159 nrk Management Year-to-Date ▼ 360.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12159 Dork Management Year-to-Date ▼ 420.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			180.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) A. Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing	State Zip Code NY 12159	Date of Receipt
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	C Occupation EVP Network Management Aggregate Year-to-Date ▼ 480.00	60.00
B. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	State Zip Code	Date of Receipt
Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) v	Occupation EVP Network Management Aggregate Year-to-Date ▼ 540.00	
C. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	State Zip Code	Date of Receipt
Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) V	Occupation EVP Network Management Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional		180.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Rep or for commercial purposes, other than	l orts and Statements may not be sold or used by using the name and address of any political com	13 14 15 16 17 any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	ederal PAC	
Full Name (Last, First, Middle Initia A. Mark Fish Mailing Address 500 Normanskill Pl City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	·	Date of Receipt Date of Receipt 12 01 2011 Transaction ID : SA11AI.12240 Amount of Each Receipt this Period 60.00 00
B. Full Name (Last, First, Middle Initia Mark Fish Mailing Address 500 Normanskill Pla	·	Date of Receipt
City Slingerlands FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12159	12 15 2011 Transaction ID : SA11AI.12241 Amount of Each Receipt this Period 60.00
MVP Health Care, Inc. Receipt For: Primary General Other (specify)	EVP Network Management Aggregate Year-to-Date ▼ 720.0	00
Full Name (Last, First, Middle Initia C. Mailing Address 500 Normanskill Pl City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Date of Receipt Table 29 2011 Transaction ID : SA11AI.12242 Amount of Each Receipt this Period 60.00 00
SUBTOTAL of Receipts This Page (c	ptional)	180.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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			Detailed Summary Page					_	11b 4	11c		12		17	
	ny information copied from such Reports and St for commercial purposes, other than using the							urpo	ose of				tions	17	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC													
Α.	Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd					Date		Rece	eipt	D / Y	Y	Ŷ	Y		
	City	State	Zip Code	11 18 2011 Transaction ID : SA11AI.12284											
	Delmar	NY	12054		_					Receipt t					
	FEC ID number of contributing federal political committee.	С			20.00										
	Name of Employer MVP Health Care, Inc.	Occupation Director, EF													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00												
B.	Full Name (Last, First, Middle Initial) John Gajewski					Date	of F	Rece	eipt						
	Mailing Address 166 Jordan Blvd					[™] 12		/	02		20	у 011	Y		
	City	State NY	Zip Code		_					SA11AI					
	Delmar FEC ID number of contributing federal political committee.	C	12054			Amou	nt o	of E	ach F	Receipt t	nis P	Period 20.	.00		
	Name of Employer MVP Health Care, Inc.	Occupation Director, EP													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00												
c.	Full Name (Last, First, Middle Initial) John Gajewski					Date	of F	Rece	eipt						
	Mailing Address 166 Jordan Blvd					[™] 12		/	D 16) 011	Y		
	City Delmar	State NY	Zip Code 12054		┢					: SA11AI Receipt tl					
	FEC ID number of contributing federal political committee.				[7				20	.00			
	Name of Employer MVP Health Care, Inc.	Occupation Director, EF													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00												
S	UBTOTAL of Receipts This Page (optional)			🕨				7				60.	00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation Director, EPMO Aggregate Year-to-Date ▼ 280.00	Date of Receipt 12 30 2011 Transaction ID : SA11AI.12287 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) B. Dominic Galante Mailing Address 220 Alexander St. City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (care) fit)	State Zip Code NY 14607 C Occupation VP, Medical Quality Management Aggregate Year-to-Date ▼	Date of Receipt 09 22 2011 Transaction ID : SA11AI.12294 Amount of Each Receipt this Period 40.00
Other (specify) Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander St. City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14607 C Occupation VP, Medical Quality Management Aggregate Year-to-Date ▼ 280.00	Date of Receipt Date of Receipt 10 06 2011 Transaction ID : SA11AI.12295 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		100.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander St. City Rochester FEC ID number of contributing	State Zip Code NY 14607	Date of Receipt
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Medical Quality Management Aggregate Year-to-Date ▼ 320.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 220 Alexander St.	State Zip Code	Date of Receipt
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	NY 14607 C Occupation VP, Medical Quality Management Aggregate Year-to-Date ▼ 360.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. Dominic Galante Mailing Address 220 Alexander St. City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14607 C Occupation VP, Medical Quality Management Aggregate Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optiona)	120.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) A. Dominic Galante Mailing Address 220 Alexander St.		Date of Receipt
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.12299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP, Medical Quality Management Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) B. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander St.	State Zip Code NY 14607	12 15 2011 Transaction ID : SA11AI.12300
Rochester FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc.	Occupation VP, Medical Quality Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander St.		12 / P P / Y Y Y 12 29 2011
City Rochester	State Zip Code NY 14607	Transaction ID : SA11AI.12301 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care, Inc.	Occupation VP, Medical Quality Management	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (option	al)	120.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TEMIZED RECEIPTS	Detailed Summary Page	
		13 14 15 16 17 v person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa		
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Associate Director Aggregate Year-to-Date ▼ 260.00 260.00	Date of Receipt 07 12 2011 Transaction ID : SA11AI.12324 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia	State Zip Code NY 12302	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	C Occupation Associate Director Aggregate Year-to-Date ▼ 270.00	10.00
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code 12302 C Occupation Associate Director Aggregate Year-to-Date ▼ 280.00 280.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		270.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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		Detailed Summary Page		11a 13		11b 14	11c	12		17
Any information copied from such Report or for commercial purposes, other than u				for the		pose o	f soliciting	g contri	ibutio	ons
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fec	leral PAC									
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate D Aggregate	Zip Code 12302 rector /ear-to-Date ▼ 290.00			acti	12			1	20
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary	State NY C Occupation Associate Di Aggregate	Zip Code 12302 rector /ear-to-Date ▼	_		/ acti	26 ion ID :				10
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate D	300.00 Zip Code 12302			/ act	ion ID				00
SUBTOTAL of Receipts This Page (opti	onal)		•			7	3		30.0	0

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SCHEDULE A	(FEC Form 3X)
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11c

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	orts and Statements may not be sold or used by any using the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	ederal PAC	
Full Name (Last, First, Middle Initial) Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		M = M / D = D / Y = Y = Y Y 09 23
City	State Zip Code	Transaction ID : SA11AI.12316
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) B. Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		M M / D D / Y Y Y Y Y 10 07 2011
City	State Zip Code	Transaction ID : SA11AI.12317
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care, Inc.	Occupation Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	—
Primary General		
Other (specify)	330.00	
Full Name (Last, First, Middle Initial) C. Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		10 21 Y Y Y Y 2011
City	State Zip Code	Transaction ID : SA11AI.12318
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Associate Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	340.00	
SUBTOTAL of Receipts This Page (op	btional)	▶ 30.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		Detailed Summary Page		< 11a 13		11b 14	11c		12	1	7
Any information copied from such Reports and S or for commercial purposes, other than using the				for the		pose o				ions	/
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC										
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer	State NY C		Date of Receipt								
MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Associate D Aggregate	Year-to-Date ▼ 350.00]								
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Zip Code 12302 Director Year-to-Date ▼ 360.00	Date of Receipt									
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Mailing Address 329 Mohawk Ave City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate I Aggregate	Zip Code 12302	_		/ sact	02 ion ID		20 . 123		Y .00]
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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		< 11a 13		11b	11c	12	17							
	ny information copied from such Reports and S for commercial purposes, other than using the				for the		irpose d	of soliciting	g contrib	utions							
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC															
Α.	Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave						Date of Receipt										
	City Scotia	StateZip CodeNY12302					Transaction ID : SA11AI.12322 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C								10.00							
	Name of Employer	Occupation															
	MVP Health Care, Inc.	Associate D	Director														
	Receipt For:	Aggregate	Year-to-Date V														
	Primary General		200.00	11.													
	Other (specify)		380.00														
В.	Full Name (Last, First, Middle Initial) Michael Gauci					Date of Receipt											
	Mailing Address 329 Mohawk Ave						12 30 2011										
	City	State Zip Code					Transaction ID : SA11AI.12323										
	Scotia	NY	12302		Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			10.00												
	Name of Employer	Occupation		_													
	MVP Health Care, Inc.	Associate D	lirector														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]													
<u>с.</u>	Full Name (Last, First, Middle Initial) Bill Geddings					of F	leceipt										
	Mailing Address 75 Robinwood Dr City State Zip Code					1	/ D 0		у у 2011	Y							
	City	State		Transaction ID : SA11AI.12336													
	Clifton Park	NY		Amour	nt o	f Each	Receipt th	nis Perior	d								
	FEC ID number of contributing federal political committee.						2	0.00									
	Name of Employer Occupation																
	MVP Health Care, Inc.	VP Health S	Services														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00]													
5	UBTOTAL of Receipts This Page (optional)		······]				7		4(0.00							

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		11a		11b 14	11c	12	17					
	ny information copied from such Reports and for commercial purposes, other than using the				for the		oose o	f soliciting	g contrib	utions					
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC													
Α.	Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Dr					Date of Receipt									
	CityStateZip CodeClifton ParkNY12065						12 15 2011 Transaction ID : SA11AI.12337 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С													
	Name of Employer MVP Health Care, Inc.	Occupation VP Health													
	Receipt For: Primary General Other (specify) ▼]													
В.	Full Name (Last, First, Middle Initial) Bill Geddings					Date of Receipt									
	Mailing Address 75 Robinwood Dr					12 29 2011									
	City	State	Zip Code		Transaction ID : SA11AI.12338										
	Clifton Park FEC ID number of contributing	C	12065	Amount of Each Receipt this Period											
	federal political committee. Name of Employer	Occupation					9	- 7							
	MVP Health Care, Inc.	VP Health S													
	Receipt For: Primary General Other (specify) ▼	1	Year-to-Date ▼ 260.00]											
<u>с</u> .	Full Name (Last, First, Middle Initial) Patrick Glavey					of Re	ceipt								
	Mailing Address 165 Windemere Rd City State Zip Code					/	D 11		y y 2011	Y					
	City Rochester	State NY		Transaction ID : SA11AI.12357 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.				7		8	0.00							
	Name of Employer Occupation														
	MVP Health Care, Inc.	VP, Medica	re Products												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00]											
s	UBTOTAL of Receipts This Page (optional)						3	- 7	12(0.00					

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

Use separate schedule(s) for each category of the

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ITEMIZED 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 Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 320.00 320.00	Date of Receipt 08 25 2011 Transaction ID : SA11AI.12358 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 400.00	Date of Receipt 09 08 2011 Transaction ID : SA11AI.12359 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code 14610 C C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 480.00	Date of Receipt 09 22 2011 Transaction ID : SA11AI.12360 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)		▶ 240.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Pa	AC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 560.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 640.00	Date of Receipt
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 720.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 240.00

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a	11b	11c	12	<u> </u>
Any information copied from such Repor or for commercial purposes, other than u								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fee								
Full Name (Last, First, Middle Initial) A. Patrick Glavey Mailing Address 165 Windemere Rd				Date o			2011	Y
City Rochester	State NY	Zip Code 14610		Trans	saction I	D : SA11AI n Receipt tl	.12364	t t
FEC ID number of contributing federal political committee.	C				7			0.00
Name of Employer MVP Health Care, Inc.	Occupation VP, Medica	re Products						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00]					
Full Name (Last, First, Middle Initial) B. Patrick Glavey				Date o	f Receipt	t		
Mailing Address 165 Windemere Rd				м м 12		01 / Y	2011	Y
City	State	Zip Code				D : SA11AI		
Rochester	NY	14610	/	Amoun	t of Each	n Receipt t	nis Perioc	t
FEC ID number of contributing federal political committee.	С				7	7	80	0.00
Name of Employer MVP Health Care, Inc.	Occupation VP, Medica							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00]					
Full Name (Last, First, Middle Initial) C. Patrick Glavey				Date o	f Receipt	t		
Mailing Address 165 Windemere Rd				^M M 12		15 / Y	2011	Y
City Rochester	State NY	Zip Code 14610	<i>F</i>			D:SA11AI		ł
FEC ID number of contributing federal political committee.	C						80	0.00
Name of Employer	Occupation							
MVP Health Care, Inc.	VP, Medica	re Products						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00]					
SUBTOTAL of Receipts This Page (opt	onal)				7		240	0.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		13 14 15 16 17 person for the purpose of soliciting contributions tee to solicit contributions from such committee
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 1040.00	Date of Receipt 12 29 2011 Transaction ID : SA11AI.12367 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) B. Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer, Pres. of Op Aggregate Year-to-Date ▼ 980.00	Date of Receipt
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer, Pres. of Op Aggregate Year-to-Date ▼ 1050.00	Date of Receipt 07 28 2011 Transaction ID : SA11AI.12369 Amount of Each Receipt this Period 70.00
SUBTOTAL of Receipts This Page (optional)		220.00

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		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 s or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12303 f Legal Officer, Pres. of Op Year-to-Date ▼ 1120.00	Date of Receipt
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12303 E Legal Officer, Pres. of Op Year-to-Date ▼ 1190.00	Date of Receipt 08 25 2011 Transaction ID : SA11AI.12371 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12303 f Legal Officer, Pres. of Op Year-to-Date ▼ 1260.00	Date of Receipt 09 08 2011 Transaction ID : SA11AI.12372 Amount of Each Receipt this Period 70.00
SUBTOTAL of Receipts This Page (optional)			210.00

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ITEMIZED 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 or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC		
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12303 n ef Legal Officer, Pres. of Op Year-to-Date ▼ 1330.00	Date of Receipt 09 22 2011 Transaction ID : SA11AI.12373 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12303 n ef Legal Officer, Pres. of Op Year-to-Date ▼ 1400.00	Date of Receipt 10 06 2011 Transaction ID : SA11AI.12374 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 12303 ef Legal Officer, Pres. of Op Year-to-Date ▼ 1470.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			210.00

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	TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17	
	y information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC									
Α.	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary		Zip Code 12303 ef Legal Officer, Pres. of Op Year-to-Date ▼	Date of Receipt							
	Gther (specify) ▼ Full Name (Last, First, Middle Initial)		1540.00]							
В.	Denise Gonick Mailing Address 803 Via Marchella City	State	Zip Code		Date of	/	D 17		2011	Y	
	Schenectady	NY	12303					: SA11AI. Receipt th		4	
	FEC ID number of contributing federal political committee.	С					,	10001011		0.00	
	Name of Employer MVP Health Care	Occupation EVP & Chie	f Legal Officer, Pres. of Op								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1610.00								
с.	Full Name (Last, First, Middle Initial) Denise Gonick				Date of	f Red	ceipt				
	Mailing Address 803 Via Marchella				м м 12	/	01		у у 2011	Y	
	City Schenectady	State NY	Zip Code 12303					: SA11AI. Receipt th		d	
	FEC ID number of contributing federal political committee.	С					,	9	7	0.00	
	Name of Employer	Occupation		_							
	MVP Health Care	EVP & Chie	ef Legal Officer, Pres. of Op								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1680.00								
s	UBTOTAL of Receipts This Page (optional)						,	7	21(0.00	

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC										
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:		ef Legal Officer, Pres. of Op	Date of Receipt								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00]								
Full Name (Last, First, Middle Initial) B. Denise Gonick Mailing Address 803 Via Marchella City Octoordal	State	Zip Code	Date of Receipt								
Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	Occupation EVP & Chie	12303 If Legal Officer, Pres. of Op Year-to-Date ▼	Amount of Each Receipt this Period 70.00								
Primary General Other (specify) ▼		1820.00]								
C. Full Name (Last, First, Middle Initial) Mailing Address 19 Heritage Parkway City	State	Zip Code	Date of Receipt 07 12 2011 Transaction ID : SA11AI.12409								
Glenville FEC ID number of contributing federal political committee.	NY	12302	Amount of Each Receipt this Period								
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Director, UI Aggregate]								
SUBTOTAL of Receipts This Page (optiona	I)		390.00								

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		Detailed Summary Page	11a 13		11b 14	11c		12	17
Any information copied from such Reports and s or for commercial purposes, other than using the			for the		pose o		g cont		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Director, UN Aggregate			/ sacti	14			11 6	Y 00
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director, UN Aggregate			/ acti	28			7	00
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Director, UI Aggregate			/ sact	ion ID			11 8	00
SUBTOTAL of Receipts This Page (optional)								30.0	0

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		Detailed Summary Page	X	11a 13	11b	11c	12	17			
Any information copied from such Reports or for commercial purposes, other than usin	and Statements ma ng the name and a	y not be sold or used by any p ddress of any political committee	erson fo e to sol	or the	purpose	of soliciting	g contribu	tions			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC										
A. Gale Harris Mailing Address 19 Heritage Parkway	State	Zip Code	Date of Receipt								
Glenville FEC ID number of contributing federal political committee.	C	12302	A	mount	of Each	Receipt th		0.00			
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Director, UN Aggregate]								
B. Full Name (Last, First, Middle Initial) Mailing Address 19 Heritage Parkway	State	Zip Code		м м 09	(D / Y)8	2011	Y			
Glenville FEC ID number of contributing federal political committee.	NY	12302) : SA11AI. Receipt th	his Period	.00			
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Director, UN Aggregate]								
C. Gale Harris Mailing Address 19 Heritage Parkway				Date of			2011	Y			
City Glenville	State NY	Zip Code 12302	A			D : SA11AI Receipt th					
FEC ID number of contributing federal political committee.	C						10).00			
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼]								
SUBTOTAL of Receipts This Page (option	al)						30	.00			

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11b	11c		12		
	y information copied from such Reports and Statements may not be s for commercial purposes, other than using the name and address of										-
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing	State NY	Zip Code 12302			/ sacti	06		.124		Ŷ	
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director, UN]			7	T (3)				
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director, UN Aggregate				/ acti	20 0n ID :		.124(v 00	_
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director, UI Aggregate				/ sacti	03		20 . 124		Y .00	_
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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		Detailed Summary			11a 13		11b 14	11c		12		,
	nation copied from such Reports and Statements may not be sold or used by any person for the purpose of soli mercial purposes, other than using the name and address of any political committee to solicit contributions from											
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC											
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City	State	Zip Code			Date of 11 Trans	/	D 17			011 0 5	Y	
Glenville FEC ID number of contributing federal political committee. Name of Employer	NY C Occupation	12302			Amount	of	Each F	Receipt th	is P	eriod 10.	00	
MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Director, UN	⁄I Year-to-Date ▼	350.00									
Full Name (Last, First, Middle Initial) B. Gale Harris Mailing Address 19 Heritage Parkway					Date of	Re /	ceipt 01		_ 20)11	Y	
City Glenville FEC ID number of contributing federal political committee.	State NY	Zip Code 12302			Trans		on ID :	SA11AI. Receipt th	1240	06	00	
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director, UN Aggregate	// Year-to-Date ▼	360.00									
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City	State	Zip Code			Date of 12 Trans	/	15		20)11 07	Y	
Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	NY C Occupation Director, UI Aggregate				Amount	of	Each F	Receipt th	is P	eriod 10.	00	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		A. I. A. I.	370.00				7			30.0	00	_

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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	Detailed Summary Pa		✓ 11a 13		11b 14	11c	12		17
Any information copied from such Reports and s or for commercial purposes, other than using the			for the	purpo	ose of	f soliciting	g contrib		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway City Glenville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation Director, UM Aggregate Year-to-Date ▼ 380	0.00		/ actio	29 on ID :		nis Perio		
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼	2.00		/ actio	11 on ID :		nis Perio	vd 30.00	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 320	0.00		/ sactio	25 25		nis Perio		
SUBTOTAL of Receipts This Page (optional)				. ,			17	0.00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		13 14 15 16 17 ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I		
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 400.00	Date of Receipt 09 08 2011 Transaction ID : SA11AI.12415 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 480.00	Date of Receipt 09 22 2011 Transaction ID : SA11AI.12416 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) C. Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Occupation Vice President Aggregate Year-to-Date ▼ 560.00	Date of Receipt Date of Receipt 10 06 2011 Transaction ID : SA11AI.12417 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)		240.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17 ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P		
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 640.00	Date of Receipt Date of Receipt 10 20 2011 Transaction ID : SA11AI.12418 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) B. Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 720.00	Date of Receipt
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 800.00	Date of Receipt Transaction ID : SA11AI.12420 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)		240.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		category of the Summary Page		-	11b	11c	12	
Any information copied from such Reports and S								
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		ny political committee	e to so	licit coi	ntributior	ns from suc	ch commit	itee.
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Co NH 03307 C Occupation Vice President Aggregate Year-to-Date			M M 12 Trans	saction I	t 01 D : SA11A n Receipt f	this Period	d 0.00
Full Name (Last, First, Middle Initial) B. Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Co NH 03307 C Occupation Vice President Aggregate Year-to-Date			12 Trans	action II	t 15 D : SA11A n Receipt f	this Period	d 0.00
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Co NH 03307 C Occupation Vice President Aggregate Year-to-Date			M M 12 Trans	saction I	t 29 D : SA11A n Receipt t	this Period	_
SUBTOTAL of Receipts This Page (optional)							240	0.00

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Use separate schedule(s) for each category of the

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ITEMIZED 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 St or for commercial purposes, other than using the		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.00	Date of Receipt 08 26 2011 Transaction ID : SA11AI.12429 Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		180.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

Use separate schedule(s) for each category of the

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	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 or for commercial purposes, other than using the		person for the purpose of soliciting contributions et a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 420.00	Date of Receipt
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 480.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 540.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		180.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED 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 or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e 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 Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	<i>`</i>	Zip Code 12211 and Marketing Year-to-Date ▼ 600.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12211 and Marketing Year-to-Date ▼ 660.00	Date of Receipt
Full Name (Last, First, Middle Initial) C. David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12211 and Marketing Year-to-Date ▼ 720.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional).			180.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	-	11b	11c		12	
Any information copied from such Reports or for commercial purposes, other than usi								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC							
Full Name (Last, First, Middle Initial) A. David Henderson Mailing Address 1 Loudon Heights South City Loudonville FEC ID number of contributing	n State NY C	Zip Code 12211	12 Trans	Receipt	6 :SA11A	1.1243)11 37	
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation EVP, Sales a	and Marketing /ear-to-Date ▼ 780.00		- 7 - 1		-	00.0	
B. Full Name (Last, First, Middle Initial) Mailing Address 1 Loudon Heights South	State	Zip Code	12 Trans	3 action ID			11 88	Y
Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General Other (specify) ▼		12211 and Marketing /ear-to-Date ▼ 840.00	Amount	of Each	Receipt	this P	eriod 60.0	00
Full Name (Last, First, Middle Initial) Allen Hinkle Mailing Address 65 Jenkins Rd City Lebanon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 03766 ledical Officer ⁄ear-to-Date ▼ 1000.00	07 Trans		0 : SA11A	20 1.1245		
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	
Any information copied from such Reports and Si or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F									
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Dr. City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Director of C Aggregate	Zip Code 12306 Deprations Year-to-Date ▼ 220.00			sact	18 ion ID		nis Perio	d 0.00
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Dr. City	State	Zip Code		Date o	/	02	2	2011	Y
Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	NY C Occupation Director of C	12306					: SA11AI. Receipt th	nis Perio	d 0.00
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Dr. City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Director of (Aggregate	Zip Code 12306 Derations Year-to-Date ▼ 260.00			sact	ion ID		nis Perio	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Dr. City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12306 C Occupation Director of Operations Aggregate Year-to-Date ▼ 280.00	Date of Receipt 12 30 2011 Transaction ID : SA11AI.12485 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) James Hopsicker Mailing Address 4209 Oakdale Ct. City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12303 C Occupation VP Pharmacy Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 750.00	Date of Receipt
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date ▼ 210.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 800.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12		-				
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma	y not be sold or used by any p ddress of any political committe	erson e to so	13 for the plicit co	urpose ntributions	of so	15 diciting co n such c	16 ontributi ommitte	17 ions ee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC								
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 14450 ion Technology Year-to-Date ▼ 240.00		10 Trans		0 : SA	2 11AI.12		У 00
Full Name (Last, First, Middle Initial) B. Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 14450 ion Technology Year-to-Date ▼ 270.00		11 Trans	f Receipt	3 : SA	2 11AI.125		У 00
C. Full Name (Last, First, Middle Initial) C. Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 14450 ion Technology Year-to-Date ▼ 300.00		11 Trans		7): S A	2 111AI.12		
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC										
Α.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr				Date of	f Receip	pt 01	D		y y 2011	Y	
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	FEC ID number of contributing federal political committee.	С				7	_	_	7	30	0.00	
	Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		tion Technology Year-to-Date ▼ 330.00]								
в.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr				M M	f Receip) D			Y Y	Y	
	City Fairport	State NY	Zip Code 14450					SA	2 11AI.12 Pipt this			
	FEC ID number of contributing federal political committee.	Occupation					_	_	7	30	0.00	
	MVP Health Care, Inc.		tion Technology									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	1								
с.	Full Name (Last, First, Middle Initial) Kevin Husted				Date of	f Receip	pt					
	Mailing Address 38 Fox Hill Dr				M M 12	/ [29			y y 2011	Y	
	City Fairport	State NY	Zip Code 14450						11AI.12			
	FEC ID number of contributing federal political committee.	С					_	_	7	30	0.00	
	Name of Employer MVP Health Care, Inc.	Occupation VP Informa	tion Technology									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	1								
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each categ Detailed Sumn		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using the			rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code 12189 C Occupation Occupation VP of Legal Affairs Aggregate Year-to-Date ▼	240.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼	280.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼	320.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			120.00

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 360.00	Date of Receipt 10 21 2011 Transaction ID : SA11AI.12559 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 440.00	Date of Receipt 11 18 2011 Transaction ID : SA11AI.12561 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		▶ 120.00

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SCHEDULE A	(FEC Form 3X)
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 480.00	Date of Receipt 12 02 2011 Transaction ID : SA11AI.12562 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet	State Zip Code NY 12189	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 520.00	40.00
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 560.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 120.00

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using th		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) David Kadish Mailing Address 44 Surrey Mall City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12159 C Occupation VP Facility Contracting Aggregate Year-to-Date ▼ 300.00	Date of Receipt 09 2011 Transaction ID : SA11AI.12606 Amount of Each Receipt this Period 300.00
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 06 2011 Transaction ID : SA11AI.12711 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 240.00	Date of Receipt 10 20 2011 Transaction ID : SA11AI.12712 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		▶ 360.00

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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TEMIZED RECEIPTS	Detailed Summary Page	-		11b	11c		12		-
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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 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 270.00		sactio	03 on ID :)11 3	У 00]
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 300.00		/ sactio	17	SA11AI. Receipt th	20 ⁻ .1271	4	Y 000]
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 330.00		sactic	01		20 . 1271	15	_]
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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	I nd Statements may not be sold or used by any the name and address of any political commit	13 14 15 16 17 r person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 360.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Joseph Lia Mailing Address 1 Summit Ct Suite 200 City	State Zip Code	Date of Receipt
Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 390.00	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) C. William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 06 2011 Transaction ID : SA11AI.12735 Amount of Each Receipt this Period 30.00
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P													
Α.	Full Name (Last, First, Middle Initial) William Little						Date of	f Re	ceipt					
	Mailing Address 300 Partridge Ln						м м 10	_	20			у 011	Y	
	City	State	Zip Code				Trans	acti	on ID	: SA11AI	.127:	36		
	Charlotte	VT	05445			_ A	Amount	t of	Each I	Receipt t	his P	Period		
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	Name of Employer	Occupation												
	MVP Health Care, Inc.	VP												
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼	240.0	00									
В.	Full Name (Last, First, Middle Initial) William Little						Date of	f Re	ceipt					_
	Mailing Address 300 Partridge Ln						M M	/	D 03)11	Y	
	City Charlotte	State VT	Zip Code 05445			A				SA11AI Receipt t				_
	FEC ID number of contributing federal political committee.	C							7			30.0	00	
	Name of Employer MVP Health Care, Inc.	Occupation VP												
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	Primary General Other (specify) ▼		, <i>,</i>	270.0	00									
C.	Full Name (Last, First, Middle Initial) William Little						Date of	f Re	ceipt					
	Mailing Address 300 Partridge Ln						M M 11	/	D 17		20)11	Y	
	City	State	Zip Code				Trans	sacti	ion ID	: SA11AI	.127	38		
	Charlotte	VT	05445			A	Amount	t of	Each I	Receipt t	his P	eriod		
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SCHEDULE A	(FEC Form 3X)
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TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I		
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼ 330.00	Date of Receipt 12 01 2011 Transaction ID : SA11AI.12739 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) B. William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 15 2011 Transaction ID : SA11AI.12740 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼ 390.00	Date of Receipt
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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Matthew Mackinnon Α. Date of Receipt Mailing Address 1523 East Avenue M M / 2011 12 16 City Zip Code State Transaction ID : SA11AI.12811 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation VP of Network Operations MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Mackinnon Date of Receipt Mailing Address 1523 East Avenue M M 2011 12 30 City State Zip Code Transaction ID : SA11AI.12812 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Network Operations Receipt For: Aggregate Year-to-Date ▼ Primarv General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way M = M / 09 22 2011 City Zip Code State Transaction ID : SA11AI.12819 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 Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional).....

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial) Carl Maleri Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)		Zip Code 14580 vriting and Analysis Year-to-Date ▼ 280.00			/ sacti	06	SA11AI Receipt th	his Period	d 0.00
Full Name (Last, First, Middle Initial) B. Carl Maleri Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14580 //iting and Analysis Year-to-Date ▼ 320.00			/ acti	20 on ID	SA11AI. Receipt th	his Period	d 0.00
Full Name (Last, First, Middle Initial) Carl Maleri Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14580 vriting and Analysis Year-to-Date ▼ 360.00			/ sacti	ion ID		his Period	d 0.00
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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	łC	
MVP Health Care	State Zip Code NY 14580 C Occupation VP, Underwriting and Analysis Aggregate Year-to-Date ▼ 400.00	Date of Receipt
MVP Health Care	State Zip Code NY 14580 C Occupation /P, Underwriting and Analysis Aggregate Year-to-Date ▼ 440.00	Date of Receipt
MVP Health Care	State Zip Code NY 14580 C Occupation VP, Underwriting and Analysis Aggregate Year-to-Date ▼ 480.00	Date of Receipt Date of Receipt 12 15 2011 Transaction ID : SA11AI.12825 Amount of Each Receipt this Period 40.00
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Any information copied from such Reports and Statements more for commercial purposes, other than using the name and a		Ay not be sold or used by any p ddress of any political committe	erson e to s	for the olicit co	purpo	14 ose o itions	of so	15 oliciting c m such o	16 contribu committ	tions tee.	17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC										
Full Name (Last, First, Middle Initial) A. Carl Maleri Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	I	Zip Code 14580 writing and Analysis Year-to-Date ▼ 520.00			sactic	29 29	9 : SA		Period		
Full Name (Last, First, Middle Initial) B. Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Marketin Aggregate				sactio	06 06	6 : SA		Period	Y .00	
Full Name (Last, First, Middle Initial) C. Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Marketi Aggregate				sactic	20 20	0 : S A		Period		
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC		
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave. City	State	Zip Code	Date of Receipt
Saratoga FEC ID number of contributing federal political committee.	NY	12866	Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP Marketin Aggregate]
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga	State NY	Zip Code 12866	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	C Occupation VP Marketir Aggregate		30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Marketin Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional	al)		90.00

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		-	11b		12	<u> </u>				
Any information copied from such Reports or for commercial purposes, other than us												
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed												
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave.				Date o M M 12			2011	Y				
City Saratoga	State NY	Zip Code 12866	A			D : SA11A h Receipt t		d				
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00]									
Full Name (Last, First, Middle Initial) B. Augusta Martin				Date o	f Receip	t						
Mailing Address 457 Crescent Ave.								Y				
City	State	Zip Code		Trans	action II	D : SA11AI	.12840					
Saratoga	NY	12866	A	moun	t of Eacl	h Receipt t	his Period	k				
FEC ID number of contributing federal political committee.	C				7		30	0.00				
Name of Employer MVP Health Care, Inc.	Occupation VP Marketir											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00]									
Full Name (Last, First, Middle Initial) C. Laurie Metheny				Date o	f Receip	t						
Mailing Address 21 Joellen Dr				м м		08	2011	Y				
City Rochester	State NY	Zip Code 14626	A			D:SA11A		ł				
FEC ID number of contributing federal political committee.	C				7		5	0.00				
Name of Employer	Occupation											
MVP Health Care, Inc.	VP, Busine	ss Excellence										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00										
SUBTOTAL of Receipts This Page (optic	nal)						110	0.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	[].	17
	y information copied from such Reports a for commercial purposes, other than using				for the		pose o	f soliciting	g contrib	utions	-
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	-									
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr				Date o		· ·				
	Maining Address 21 Joellen Dr				м м 09		22		2011	Y	
	City	State	Zip Code		Trans	sacti	ion ID	: SA11AI	.12869		
	Rochester	NY	14626		Amoun	t of	Each I	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					7		5	0.00	
	Name of Employer	Occupation	1								
	MVP Health Care, Inc.										
	Receipt For:	Aggregate									
	Other (specify)		280.00	1							
			J	11							
в.	Full Name (Last, First, Middle Initial) Laurie Metheny						eceipt				
	Mailing Address 21 Joellen Dr		^M 10	/	06		2011	Y			
	City	State	Zip Code	Transaction ID : SA11AI.12870							
	Rochester	NY	14626	-	Amoun	t of	Each I	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	C					7		5	0.00]
	Name of Employer	Occupation	l								
	MVP Health Care, Inc.	VP, Busine	ss Excellence								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 330.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Laurie Metheny				Date o	f Re	eceipt				_
	Mailing Address 21 Joellen Dr				^M 10	/	20		ү ү 2011	Y	
	City	State NY	Zip Code					: SA11AI			
	Rochester	IN F	14626	-	Amoun	t of	Each I	Receipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.					7		5	50.00		
	Name of Employer										
	MVP Health Care, Inc.										
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		380.00								
			1								
s	UBTOTAL of Receipts This Page (optiona	l)		•			,		15	0.00	

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC		
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP, Business Aggregate	Zip Code 14626 s Excellence /ear-to-Date ▼ 430.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP, Business Aggregate Y	Zip Code 14626 s Excellence /ear-to-Date ▼ 480.00	Date of Receipt
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP, Busines Aggregate	Zip Code 14626 s Excellence /ear-to-Date ▼ 530.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	nal)		150.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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		Detailed Summary Page		11a 13		11b 14	11c		12 16	1 17	7
Any information copied from such Reports and or for commercial purposes, other than using the				for the		oose o	f soliciting		ntribut	ions	_
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 14626 ss Excellence Year-to-Date ▼ 580.00			/ acti	15 on ID		.128		У 00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	aurie Metheny ailing Address 21 Joellen Dr ty State Zip Code ochester NY 14626 EC ID number of contributing deral political committee. C C ame of Employer Occupation VP, Business Excellence vP Health Care, Inc. VP, Business Excellence Aggregate Year-to-Date ▼ Primary General C C							.1287	011 76 Period 50.	ў 00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Rd City Glenmont FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation EVP, HR Aggregate	Zip Code 12077 Year-to-Date ▼ 250.00			/ sacti	08 08		20 . 129		У 00	
SUBTOTAL of Receipts This Page (optional)			•						150.	00	Ī

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		Detailed Summary Page		< 11a		11b	11c		12		
					13	e of Receipt e of Receipt of Receipt		16		17		
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any ddress of any political committe	person ee to so	for the plicit co	pur ntrik	pose o outions	f soliciting from suc	j co h co	ntribut mmitt	tions ee.	
\backslash	NAME OF COMMITTEE (In Full)											
]	MVP Health Care Inc. Federal P	PAC										
Α.	Full Name (Last, First, Middle Initial) James Morrill				Date o	f Re	eceipt					
	Mailing Address 54 Henderson Rd				м м 09	/				011	Y	
	City	State	Zip Code			sact						
	Glenmont	NY	12077		Amoun	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	50	.00	
	Name of Employer	Occupation										
	MVP Health Care, Inc.	EVP, HR										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General	33 - 3		- L -								
	Other (specify)		300.00									
в.	Full Name (Last, First, Middle Initial) Richard Odorizzi				Date o	f Re	eceipt					
	Mailing Address 71 E. Claremont Dr				M M	/			Y 20))))	Y	
	City	State Zip Code										
	Voorheesville	NY	12186		Amoun	t of	Each I	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					7	7	_	20.	00	
	Name of Employer	Occupation										
	MVP Health Care, Inc.	Director of F	ïnance									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General			1 .								
	Other (specify)		, 220.00									
c.	Full Name (Last, First, Middle Initial) Richard Odorizzi				Date o	f Re	eceipt					
	Mailing Address 71 E. Claremont Dr				M M	/) 011	Y	
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.129	74		
	Voorheesville	NY	12186		Amoun	t of	Each I	Receipt th	nis P	'eriod		
	FEC ID number of contributing federal political committee.	С					7		_	20	.00	
	Name of Employer	Occupation										
	MVP Health Care, Inc.	Director of F	inance									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		240.00									
	Other (specify)		240.00									
s	UBTOTAL of Receipts This Page (optional)			•			3			90.	00]

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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112

ITEMIZED 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 Stat or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC	
MVP Health Care, Inc.	State Zip Code NY 12186 C Occupation Director of Finance Aggregate Year-to-Date ▼ 260.00 260.00	Date of Receipt 12 29 2011 Transaction ID : SA11AI.12975 Amount of Each Receipt this Period 20.00
MVP Health Care	State Zip Code NY 12205 C Occupation Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 420.00	Date of Receipt
MVP Health Care	State Zip Code NY 12205 C Occupation Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		80.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC												
Α.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle			[Date o			D / Y	Y Y	Y				
	City Albany	State NY	Zip Code 12205				-	: SA11AI						
	FEC ID number of contributing federal political committee.	С			Amoun	it of	Each	Receipt tl		d 0.00				
	Name of Employer MVP Health Care	Occupation Corp VP of												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00											
В.	Full Name (Last, First, Middle Initial) David Orlando					Date of Receipt								
	Mailing Address 3 Clare Castle						25	D / Y	2011	Y				
	City Albany	State NY	Zip Code 12205					: SA11AI . Receipt tl		d				
	FEC ID number of contributing federal political committee.	С					,		3	0.00				
	Name of Employer MVP Health Care	Occupation Corp VP of												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00											
с.	Full Name (Last, First, Middle Initial) David Orlando				Date o	f Re	ceipt							
	Mailing Address 3 Clare Castle				м м 09	/	08		2011	Y				
	City Albany	State NY	Zip Code 12205					: SA11AI Receipt tl		d				
	FEC ID number of contributing federal political committee.	С					,		3	0.00				
	Name of Employer	Occupation												
	MVP Health Care Receipt For:	Operations												
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 540.00]										
s	UBTOTAL of Receipts This Page (optional)			•			7		90	0.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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112

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17				
	ny information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC												
Α.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle			Date of Receipt										
				41	09		22	2	2011					
	City Albany	State NY	Zip Code 12205					: SA11AI		d				
	FEC ID number of contributing federal political committee.	С			Amour		5	Receipt tl		0.00				
	Name of Employer	Occupation		-										
	MVP Health Care	Corp VP of	Operations											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00											
в.	Full Name (Last, First, Middle Initial) David Orlando					of Re	eceipt							
	Mailing Address 3 Clare Castle						06	D / Y 3	2011	Y				
	City	State	Zip Code					: SA11AI						
	Albany	NY	12205	_ /	Amour	nt of	Each	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С					7		3	0.00				
	Name of Employer	Occupation												
	MVP Health Care	Corp VP of	Operations											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		600.00											
с.	Full Name (Last, First, Middle Initial) David Orlando				Date c	of Re	eceipt							
	Mailing Address 3 Clare Castle				^M 10	/	20		2011	Y				
	City Albany	State NY	Zip Code 12205					: SA11AI Receipt tl		d				
	FEC ID number of contributing federal political committee.	S ()							30.00					
	Name of Employer													
	MVP Health Care													
	Receipt For: Primary General Other (specify) ▼													
s	UBTOTAL of Receipts This Page (optional)		······				7		9(0.00				

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

10

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page		✓ 11a 13		11b 14	11c		12 16	1 7	7
	y information copied from such Reports and St for commercial purposes, other than using the				for the		pose o	f soliciting		ntribut	ions	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P											
A.	Full Name (Last, First, Middle Initial) David Orlando				Date o	f Re	ceipt					
	Mailing Address 3 Clare Castle	01.1			M M		03	3		ү 011	Y	
	City Albany	State NY	Zip Code 12205					: SA11AI Receipt th				
	FEC ID number of contributing federal political committee.	С									.00	
	Name of Employer	Occupation										
	MVP Health Care	Corp VP of	Operations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		660.00									
B.	Full Name (Last, First, Middle Initial) David Orlando				Date o	f Re	ceipt					
	Mailing Address 3 Clare Castle				1 <u>1</u>	/	D 17		ү 20	у 011	Y	
	City	State	Zip Code					SA11AI				
	Albany	NY	12205	_	Amoun	t of	Each I	Receipt th	າis P	'eriod		1
	FEC ID number of contributing federal political committee.	С				_	,		_	30.	00	
	Name of Employer	Occupation										
	MVP Health Care	Corp VP of	Operations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		, 690.00									
c.	Full Name (Last, First, Middle Initial) David Orlando				Date o	f Re	ceipt					
	Mailing Address 3 Clare Castle				M M 12	/	D 01			у 011	Y	
	City Albany	State NY	Zip Code 12205					: SA11AI Receipt th				
	FEC ID number of contributing federal political committee.	С					,		_	30	.00	
	Name of Employer	Occupation										
	MVP Health Care	Corp VP of	Operations									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00									
s	UBTOTAL of Receipts This Page (optional)		••••••	 			3	7	-	90.	00	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
✓ Full Name (Last, First, Middle Initial) A. David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Corp VP of Aggregate		Date of Receipt
Full Name (Last, First, Middle Initial) B. David Orlando			Date of Receipt
Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Corp VP of Aggregate		M M M / 29 2011 Transaction ID : SA11AI.12988 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) C. Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation Account Ma Aggregate		Date of Receipt
SUBTOTAL of Receipts This Page (optional))		70.00

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		each category of the etailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	7
Any information copied from such Reports and St or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	AC			
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh		Zip Code 12550	Date of Receipt	
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	C Occupation Account Manage Aggregate Year-		10.00	
Full Name (Last, First, Middle Initial) B. Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼			Date of Receipt	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼			Date of Receipt	
SUBTOTAL of Receipts This Page (optional)			▶ 30.00	

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		ach category of the led Summary Page	11a		11b	11c	12	
Any information copied from such Reports and Si or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F								
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip NY 125 C Occupation Account Manager Aggregate Year-to-I			sact	16 ion ID		nis Period	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City	State Zip	Code	Date o	/	30		2011	Y
Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	NY 125 C Occupation Account Manager Aggregate Year-to-I	50				Receipt th	nis Period	d 0.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	NY 120 C Occupation VP of Medicaid & Sa	afety Net Prods.		sact	ion ID		nis Perioo	
Heccipit For. Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-I	220.00			5		4(0.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Sur V Dogo

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Detailed Summary Page	-		11b	11c		12	<u> </u>	_
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and							g cont			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F									<u>.</u>	
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of Medicaid Aggregate Ye	Zip Code 12065 d & Safety Net Prods. ar-to-Date ▼ 240.00		/ sacti	30 on ID :			11 3	00	
Full Name (Last, First, Middle Initial) B. Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of Underwr Aggregate Ye			/ actie	23 on ID :			1 9)0	
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation VP of Underwy Aggregate Ye	-		/ sacti	07 on ID :			1 0	_	
SUBTOTAL of Receipts This Page (optional)		•••••			,			80.0	0	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge			Date of Receipt
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.13211 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care, Inc.	Occupation VP of Unde		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00]
B.	Full Name (Last, First, Middle Initial) Thomas F. Ryan			Date of Receipt
	Mailing Address 24 Bluestone Ridge			11 04 2011
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.13212 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Health Care, Inc.	Occupation VP of Unde		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) Thomas F. Ryan	1		Date of Receipt
	Mailing Address 24 Bluestone Ridge			M M / D D / Y Y Y Y 11 18 2011
	City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.13213 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		
	MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00]
s	SUBTOTAL of Receipts This Page (optional)			90.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	for each category of the Detailed Summary Page	11a 13		11b 14	11c	12	17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r		or the		rpose d	of solicitin	g contrib	outions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P/	AC						
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C C Occupation Occupation VP of Underwriting Aggregate Year-to-Date ▼ 360.00 360.00		sact	tion ID		his Perio	
Full Name (Last, First, Middle Initial) B. Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP of Underwriting Aggregate Year-to-Date ▼		sact	ion ID		his Perio	d 0.00
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP of Underwriting Aggregate Year-to-Date ▼ 420.00		sact	tion ID		his Perio	
SUBTOTAL of Receipts This Page (optional)			-			90	0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Report or for commercial purposes, other than u	s and Statements may not be sold or used by any p sing the name and address of any political committed	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fec	leral PAC	
Full Name (Last, First, Middle Initial) A. Daniel Sauer Mailing Address 160 Fifth Ave		Date of Receipt
City Saratoga Springs	State Zip Code NY 12866	10 06 2011 Transaction ID : SA11AI.13224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc.	Occupation VP Sales	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	1
Full Name (Last, First, Middle Initial) B. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Ave		10 20 2011
City	State Zip Code	Transaction ID : SA11AI.13225
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc.	Occupation VP Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00]
Full Name (Last, First, Middle Initial) C. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Ave		M M / D D / Y Y Y Y 11 03 2011
City Saratoga Springs	StateZip CodeNY12866	Transaction ID : SA11AI.13226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	_
MVP Health Care, Inc.	VP Sales	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00]
SUBTOTAL of Receipts This Page (opti	onal)	90.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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112

	Detailed Summar		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or us ne name and address of any politic	ed by any per al committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Ave City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼	300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Ave City	State Zip Code		Date of Receipt
Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼	330.00	Transaction ID : SA11AI.13228 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Ave City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼	360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		····· ►	90.00

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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112

TIEMIZED RECEIPTS			tailed Summary Page		(11a 13	11b	11c		12 16	17
Ar or	ny information copied from such Reports a for commercial purposes, other than using	nd Statements may not the name and address	be sold or used by any p s of any political committee	e to sc	for the	purpose d	of soliciti	ing cont	tributi	ons
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<u>к</u>	Full Name (Last, First, Middle Initial) Daniel Sauer				Date of	Receipt				
	Mailing Address 160 Fifth Ave				м м 12	/ D		ү ү 20 ⁷		Y
	City Saratoga Springs		′ip Code I 2866			action ID of Each	-		-	
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	Name of Employer MVP Health Care, Inc.	Occupation VP Sales								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-1	to-Date ▼ 390.00]						
в.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott				Date of	Receipt				
	Mailing Address 33 Everett Dr				м м 09	/ D	D / 8	y y _ 201	11	Y
	City Rochester		lip Code 4624	_		action ID of Each				_
	FEC ID number of contributing federal political committee.	С					neccipi		50.0	00
	Name of Employer MVP Health Care, Inc.	Occupation VP, Sales								
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 240.00]						
<u>с</u> .	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott				Date of	Receipt				
	Mailing Address 33 Everett Dr				м м 09	/ D		y y 201		Y
	City Rochester		ip Code 4624			action ID of Each				
	FEC ID number of contributing federal political committee.	С							50.	00
	Name of Employer	Occupation								
	MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	to-Date ▼ 290.00]						
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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112

TIEMIZED RECEIPTS		ch category of the d Summary Page											
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		sold or used by any p any political committe	13 14 15 16 person for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fe	deral PAC												
Full Name (Last, First, Middle Initial) A. Tracy Tadaro-Ott Mailing Address 33 Everett Dr		Nede	Date of Receipt										
City Rochester	State Zip C NY 1462		Transaction ID : SA11AI.13380										
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Name of Employer	Occupation		—										
MVP Health Care, Inc.	VP, Sales												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 340.00]										
Full Name (Last, First, Middle Initial) B. Tracy Tadaro-Ott	·		Date of Receipt										
Mailing Address 33 Everett Dr			10 20 2011										
City	State Zip C	Code	Transaction ID : SA11AI.13381										
Rochester	NY 1462	4	Amount of Each Receipt this Period										
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Name of Employer MVP Health Care, Inc.	Occupation VP, Sales												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 390.00]										
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott			Date of Receipt										
Mailing Address 33 Everett Dr			11 03 2011										
City Rochester	State Zip C NY 1462		Transaction ID : SA11AI.13382 Amount of Each Receipt this Period										
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MVP Health Care, Inc.	VP, Sales												
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	ate ▼ 440.00]										
SUBTOTAL of Receipts This Page (or	tional)	······	150.00										

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Dr			Date of Receipt
	City Rochester	State NY	Zip Code 14624	Transaction ID : SA11AI.13383 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	MVP Health Care, Inc.	VP, Sales		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 490.00	
В.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
	Mailing Address 33 Everett Dr			12 01 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1
	City	State	Zip Code	Transaction ID : SA11AI.13384
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	MVP Health Care, Inc.	VP, Sales		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00]
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	1		Date of Receipt
	Mailing Address 33 Everett Dr			M M / D D / Y Y Y Y 12 15 2011
	City Rochester	State NY	Zip Code 14624	Transaction ID : SA11AI.13385 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	MVP Health Care, Inc.	VP, Sales		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		590.00	1
s	JBTOTAL of Receipts This Page (optional)			150.00

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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112

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC						
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Dr City Rochester FEC ID number of contributing federal political committee.	Tracy Tadaro-Ott lailing Address 33 Everett Dr ity State Zip Code Rochester NY 14624 EC ID number of contributing C						
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP, Sales Aggregate	Year-to-Date ▼ 640.00]				
B. AJ Tate Mailing Address PO Box 10423			Date of Receipt				
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14610	Transaction ID : SA11AI.13395 Amount of Each Receipt this Period 10.00				
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Director, Me]				
C. Full Name (Last, First, Middle Initial) Mailing Address PO Box 10423			Date of Receipt				
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14610	Mmm / D 0 2011 Transaction ID : SA11AI.13396 Amount of Each Receipt this Period 10.00				
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Director, M						
SUBTOTAL of Receipts This Page (option	nal)		70.00				

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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			Detailed Summary Page		×	11a 13		11b 14	11c		12 16		17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		oose o	f soliciting		ntribut	tions	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC											
Α.	Full Name (Last, First, Middle Initial) AJ Tate				[Date of	Re	ceipt					
	Mailing Address PO Box 10423				1	M M 11	1	D 18		2(у 011	Y	
	City Rochester	State NY	Zip Code 14610	-	Δ				: SA11AI Receipt tl				
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	Name of Employer	Occupation											
	MVP Health Care	Director, Me	edicare										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00										
В.	Full Name (Last, First, Middle Initial)					Date of	Re	ceipt					
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	City	State	Zip Code	_					SA11AI				
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	FEC ID number of contributing federal political committee.	С				_	_	7		_	10.	00	
	Name of Employer MVP Health Care	Occupation											
	Receipt For:	Director, Me											
	Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼	L	240.00										
C.	Full Name (Last, First, Middle Initial)				0	Date of	Re	ceipt					
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	City Rochester	State NY	Zip Code 14610		A				: SA11AI Receipt tl				
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	Name of Employer	Occupation											
	MVP Health Care	Director, Me	edicare										
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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112

		Detailed Summary Page		_		11b	11c		12		-			
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NAME OF COMMITTEE (In Full)	using the name and a					ulions	nom suc							
MVP Health Care Inc. Fe	deral PAC													
Full Name (Last, First, Middle Initial) A. AJ Tate				Date of	f Re	eceipt								
Mailing Address PO Box 10423				м м 12	/	30		21	011	Y				
City	State	Zip Code	Transaction ID : SA11AI.13400											
Rochester	NY	14610	Amount of Each Receipt this Period											
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MVP Health Care	Director, Me	dicare												
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Other (specify)		7 7 7												
Full Name (Last, First, Middle Initial) B. John Vangraafeiland				Date of	f Re	ceint								
Mailing Address 89 Massey St				M M 10		06		Y 20)11	Y				
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Westfield	MA	01085					Receipt th							
FEC ID number of contributing federal political committee.	С					,		_	30.	00]			
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Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			11											
Other (specify)		230.00												
Full Name (Last, First, Middle Initial) C. John Vangraafeiland				Date of	f Re	eceipt								
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Use separate schedule(s) for each category of the

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112

		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 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 F	PAC								
A.	Mailing Address 89 Massey St City Westfield FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General	State MA C Occupation CIO Aggregate	Year-to-Date ▼	Date of Receipt						
_	Other (specify) ▼ Full Name (Last, First, Middle Initial) John V(constrained)	L	290.00							
В.	John Vangraafeiland Mailing Address 89 Massey St			Date of Receipt						
	City Westfield	State MA	Zip Code 01085	Transaction ID : SA11AI.13467						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer MVP Health Care, Inc.	Occupation CIO								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 320.00							
c.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt						
	Mailing Address 89 Massey St			12 01 2011						
	City Westfield	State MA	Zip Code 01085	Transaction ID : SA11AI.13468 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.00						
	Name of Employer	Occupation								
		CIO								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00							
s	UBTOTAL of Receipts This Page (optional)			90.00						

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
		person for the purpose of soliciting contributions tee 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 Mailing Address 89 Massey St City Westfield FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code MA 01085 C Occupation CIO Aggregate Year-to-Date ▼ 380.00	Date of Receipt
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 89 Massey St City Westfield	State Zip Code MA 01085	Date of Receipt 12 29 2011 Transaction ID : SA11AI.13470 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	C Occupation CIO Aggregate Year-to-Date ▼ 410.00	30.00
Full Name (Last, First, Middle Initial) C. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ 420.00	Date of Receipt 07 14 2011 Transaction ID : SA11AI.13497 Amount of Each Receipt this Period 30.00
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using the			for the	purp	ose o	f soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC							
Full Name (Last, First, Middle Initial) A. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate			sactic	28 28		nis Perioc	
Full Name (Last, First, Middle Initial) B. Shanon Vollmer Mailing Address 30 Wilton Court City	State	Zip Code	Date o 08 Trans	/	11	D / Y SA11AI.	2011 1 3499	Y
Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	NY C Occupation Associate C Aggregate		Amoun	nt of E	Each F	Receipt th		9.00
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate			sactio	25 on ID		nis Perioc	
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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112

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		l1b	11c	12	<u> </u>
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal									
Full Name (Last, First, Middle Initial) A. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate				/ sactio	08 n ID :		nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate					22 n ID :		nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Associate C Aggregate				sactio	06 06		nis Perioo	_
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P		
Full Name (Last, First, Middle Initial) A. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 630.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) C. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ 690.00 690.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		90.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City	State Zip Code	Date of Receipt
Clifton Park FEC ID number of contributing	NY 12065	Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	C Occupation Associate Counsel Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) C. Matthew Walkuski		Date of Receipt
Mailing Address 11 Lillian Drive		10 / Y Y Y Y 10 21 2011
City Scotia	StateZip CodeNY12302	Transaction ID : SA11AI.13517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		40.00

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

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Matthew Walkuski Α. Date of Receipt Mailing Address 11 Lillian Drive M M / 04 2011 11 City Zip Code State Transaction ID : SA11AI.13518 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive M M 2011 11 18 City State Zip Code Transaction ID : SA11AI.13519 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing С 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primarv General 230.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive M = M / D 02 12 2011 City Zip Code State Transaction ID : SA11AI.13520 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional).....

9

10.

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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Ar or	ny information copied from such Reports and s for commercial purposes, other than using the	Statements ma e name and a	ay not be sold or used by any p address of any political committee	erson e to s	n for t solicit	he cor	purp ntrib	oose of utions	f soliciting from such	ו contribu ר commiti	tions ee.		
$\left[\right]$	NAME OF COMMITTEE (In Full)												
	MVP Health Care Inc. Federal	PAC											
Α.	Full Name (Last, First, Middle Initial) Matthew Walkuski				Date	e of	Re	ceipt					
	Mailing Address 11 Lillian Drive				12 16 2011								
	City	State	Zip Code				acti		SA11AI.				
	Scotia	NY	12302		Amo	unt	of	Each F	Receipt th	is Period			
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	Name of Employer	Occupation	1										
	MVP Health Care, Inc.	Sales Mana	ager- East Region										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	55 5		11.									
	Other (specify)		250.00	1									
В.	Full Name (Last, First, Middle Initial) Matthew Walkuski				Date	e of	Re	ceipt					
	Mailing Address 11 Lillian Drive					 2	/	30		2011	Y		
	City State Zip Code					Transaction ID : SA11AI.13522							
	Scotia	NY		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						7		10	.00		
	Name of Employer	Occupation	1		-								
	MVP Health Care, Inc.	Sales Mana	ager- East Region										
	Receipt For:	Aggregate	Year-to-Date ▼		-								
	Primary General			11.									
	Other (specify)		260.00	1									
<u>с</u> .	Full Name (Last, First, Middle Initial) Pam Walsh				Date	e of	Re	ceipt					
	Mailing Address 3011 Patrick Road					™ 9	/	02		2011	Y		
	City	State	Zip Code		Tr	ans	acti	on ID :	SA11AI.	13543			
	Schenectady	NY	12303		Amo	unt	of	Each F	Receipt th	is Period			
	FEC ID number of contributing federal political committee.	°							, ,	250	0.00		
	Name of Employer	Occupation	1	\neg									
	MVP Health Care, Inc.	Director, Fi	nancial Planning										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)	L	300.00										
5	UBTOTAL of Receipts This Page (optional)			•				7	7	270	.00		

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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112

TEMIZED RECEIPTS		for each category of the Detailed Summary Page		-	11	· -	11c	12		
Any information copied from such Reports and S						se of				•
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		dress of any political committee	e to so	licit coi	ntributic	ons f	from suc	1 commit	itee.	-
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, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Sales Directo Aggregate Y	Zip Code 03307 or - NH/VT /ear-to-Date ▼ 210.00		M M 10 Trans	action	06 06		nis Perioo	d 0.00	-
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, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Sales Directo Aggregate Y	Zip Code 03307 or - NH/VT /ear-to-Date ▼ 240.00		10 Trans	action	20 ID :		nis Perioo	d 0.00	-
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, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Sales Directo Aggregate	Zip Code 03307 or - NH/VT /ear-to-Date ▼ 270.00		M M 11 Trans	saction	03 1 D :		nis Perioo		-
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TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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112

TIEMIZED RECEIPTS	for each category of Detailed Summary F	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) A. Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 34	Date of Receipt
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, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 01 2011 Transaction ID : SA11AI.13570 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, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 03307 C Occupation Sales Director - NH/VT Aggregate Year-to-Date ▼ 3	Date of Receipt Date of Receipt 12 15 2011 Transaction ID : SA11AI.13571 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional	l)	90.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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112

		Detailed Summary Page		✓ 11a 13		11b 14	11c	12	17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committee	erson e to s	for the	purı ntrib	pose o	f soliciting	g contrib	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC								
Full Name (Last, First, Middle Initial) A. Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon	State NY	Zip Code 03307			/ sacti	29			d
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	C Occupation Sales Direc Aggregate]			<u>т</u>		3	0.00
Full Name (Last, First, Middle Initial) Mailing Address				Date of	f Re	ceipt	D / Y	YYY	Ŷ
City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code Year-to-Date ▼]	Amouni	t of	Each I	Receipt th	nis Perio	d
C. Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Date of	f Re	ceipt	D / Y	YY	Y Y
FEC ID number of contributing federal political committee. Name of Employer	C			Amoun	t of	Each I	Receipt th	nis Perio	d
Receipt For: Primary General Other (specify) V		Year-to-Date ▼]						
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S	CHEDULE B (FEC Form 3X)	<u> </u>		FC	DR L	LINE N	IUMBER	:			PAC	GE_1	108_0	DF 112			
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\square	NAME OF COMMITTEE (In Full)																
\square	MVP Health Care Inc. Federal PAC	C															
Α.	Full Name (Last, First, Middle Initial)							Date of Disbursement									
	Mailing Address 1020 N. Fairfax Street, Suite 201						M M	/	D 2	D /	Y	ү 20		Y Y 1			
	City Silver Silv	State VA	Zip Code 22314				Trans	sacti	ion ID	: SB2	3.13	703					
	Purpose of Disbursement			0	11		Amoun	t of	Each	Dichu	rcon	aont	thic I	Poriod			
	Candidate Name			Cate		y/	Amount of Each Disbursement this Period 1000.00										
	Office Sought: House Disburser Senate President	ment For: 2 Primary Other (spe	X General		/												
_	State: District:																
в.	Full Name (Last, First, Middle Initial) B. CHRIS GIBSON FOR CONGRESS						Date of Disbursement							_			
	Mailing Address PO Box 247						м м 09	/)1	Y)11)	Y			
	Kinderhook	State NY	Zip Code 12106				Trans	sacti	ion ID	: SB2	3.13	8693					
	Purpose of Disbursement Contribution			0)11		Amount of Each Disbursement this Pe				Period						
	Candidate Name CHRIS P GIBSON			Cate	egor /pe	у/					0.00						
		ment For:	2012	1)	he							-					
		Primary Other (spec	General														
_	Full Name (Last, First, Middle Initial)																
C.	CHRIS GIBSON FOR CONGRESS	S					Date o		sburse		Y	Y	Y	Y			
	Mailing Address PO Box 247	J Address PO Box 247								4	L	20	11				
	Kinderhook	State NY	Zip Code 12106				Trans	sacti	ion ID	: SB2	3.13	8695					
	Purpose of Disbursement Contribution	0	11	Amount of Each Disbursement this						this I	Period						
	Candidate Name CHRIS P GIBSON					y/	250.00						.00				
	Office Sought: House Disburser Senate President State: NY District: 20	ment For: 2 Primary Other (spe	General								7						
Г							_	-	-	-	-	-	-	_			
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:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: SB23 Transaction ID : SB23.13695

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: Transaction ID:

S	CHEDULE B (FEC Form 3X)			F) R I		IUMBER			P	AGE	110 (DF 112
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			-	k only	nly one)						
			Summary Page		\square	21b 27	22 28a	×	23 28b	24	, -	25 29	26 30b
	y information copied from such Reports and Stater for commercial purposes, other than using the nan					persoi	n for the		pose	of solicit	ing co	ontribu	tions
\square	NAME OF COMMITTEE (In Full)												
	MVP Health Care Inc. Federal PAC	2											
Α.	Full Name (Last, First, Middle Initial) Crowley for Congress						Date o	f Di	sburse	ement			
	Mailing Address c/o Dynamic SRG 139 Malcom X Blvd. Ste 1						12	/	D 1	4 /		011	Y
	City S New York	State NY	Zip Code 10026				Trans	sacti	ion ID) : SB23.	1370	8	
	Purpose of Disbursement Contribution			C)11		Amoun	t of	Each	Disburs	emen	t this	Period
	Candidate Name Rep. Joseph Crowley				egor ype	ry/			7	. ,		500	0.00
	Office Sought: House Disburser Senate President State: NY District: 07	nent For: Primary Other (spe	General										
в.	Full Name (Last, First, Middle Initial) Friends of Mark Warner						Date o	_	sburse		Y	/Y	Y
	Mailing Address 10 G. Street, NE Suite 570											2011	
	Washington,	State DC	Zip Code 20002				Trans	sact	ion ID) : SB23	1370	0	
	Purpose of Disbursement Contribution			()11		Amount of Each Disbursement this				t this	Period	
	Candidate Name Sen. Mark R. Warner			Cate	egor ype	ry/					1000	0.00	
		nent For: Primary Other (spe	2012 General ecify)		ype				,				
С.	Full Name (Last, First, Middle Initial) Kelly PAC						Date o	_					
	Mailing Address c/o The Gula Graham Group a499 S. Capitol St., SW, Ste. 420						^M 12	/	D 1	3		011	Y
	Washington	State DC	Zip Code 20003				Trans	sact	ion ID) : SB23	1370	5	
	Purpose of Disbursement Candidate Name	011 Category/ Type		ry/	Amoun	t of	Each	Disburs	emen	it this 5000			
	Office Sought: House Disburser Senate President State: District:				7								
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:97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: SB23 Transaction ID : SB23.13708

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: Transaction ID:

Image# 13940770497			
SCHEDULE D (FEC Form 3X)		(1)	PAGE 112 OF 112
DEBTS AND OBLIGATIONS		(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each	(check only one) 9
		numbered line)	X 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
A. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		ebt (Purpose):
Deluxe Business Checks		Check Prir	ung
Mailing Address P.O. Box 742572			
5 T.O. BOX 142512			
City State	Zip Code OH 45274		
Cincinnati	OH 45274		
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4163
145.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	145.00
		0.00	1-
B. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	ebt (Purpose):
Media Well Done		Advertising	1
Mailing Address 96 Jay Street			
City State	Zip Code		
Schenectady	NY 12305		
Outstanding Balance Beginning This Period		Transac	tion ID : SD10.4165
338.00			
Amount Incurred This Period	Payment This Period	Quitatandi	ng Balance at Close of This Period
	rayment mis renou		
0.00		0.00	338.00
C. Full Name (Last, First, Middle Initial) of Del	otor or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
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1) SUBTOTALS This Deviad This Dags (antional)			483.00
1) SUBTOTALS This Period This Page (optional)			, , , , , , , , , , , , , , , , , , , ,
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			T I I I I I I I I I I
 2) TOTALS This Period (last page this line numb 3) TOTAL OUTSTANDING LOANS from Schedul 			483.00
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