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Image# 12950299398

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc. F	ederal PAC		1
ADDRESS (number and street)	625 State Street		
Check if different			
than previously reported. (ACC)	Schenectady		NY 12305
2. FEC IDENTIFICATION NUI	MBER ▼ CI	ΓΥ▲	STATE ▲ ZIP CODE ▲
C C00431429		S THIS X NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	r 20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr	20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3			
January 31 Year-End Report (YE		on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	on on	in the State of
5. Covering Period 07	/ DID / YIYIY 01 2011	through 12	
I certify that I have examined this	Report and to the best of	f 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 01 / 31 / 2012
NOTE: Submission of false, erroned	ous, or incomplete informatio	on may subject the person signin	g this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use Only			Rev. 12/2004

OF I FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From: 07	/ 01 / 2011 To:	12 31 2011
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		45485.34
(b) Cash on Hand at Beginning of Reporting Period	43035.34	
(c) Total Receipts (from Line 19)	29355.00	51605.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	72390.34	97090.34
7. Total Disbursements (from Line 31)	7750.00	32450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	64640.34	64640.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multicandic	date committee. (see FEC FORM 1M)	
For	further information contact:	
F	ederal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1. Co	ntributions (other than loans) From:				
(a)	Individuals/Persons Other				
	Than Political Committees		05005.00		
	(i) Itemized (use Schedule A)	15560.00	25825.00		
	(ii) Unitemized	13795.00	25780.00		
	(iii) TOTAL (add				
	Lines 11(a)(i) and (ii)▶	29355.00	51605.00		
(b)	Political Party Committees	0.00	0.00		
(b)	Other Political Committees	7			
(0)	(such as PACs)	0.00	0.00		
(d)	Total Contributions (add Lines				
()	11(a)(iii), (b), and (c)) (Carry				
	Totals to Line 33, page 5)▶	29355.00	51605.00		
. Tra	nsfers From Affiliated/Other				
Pa	ty Committees	0.00	0.00		
. All	Loans Received	0.00	0.00		
1	an Bararanda Barairad	0.00	0.00		
	an Repayments Received	0.00	0.00		
	sets To Operating Expenditures efunds, Rebates, etc.)				
	arry Totals to Line 37, page 5)	0.00	0.00		
	funds of Contributions Made	7 7	7 7		
	Federal Candidates and Other				
	itical Committees	0.00	0.00		
. Oth	ner Federal Receipts				
(Di	vidends, Interest, etc.)	0.00	0.00		
. Tra	nsfers from Non-Federal and Levin Funds				
(a)	Non-Federal Account				
	(from Schedule H3)	0.00	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		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
۱.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Talonaa Tour to Buto		
	(i) Federal Share	0.00	0.00		
	``				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating Expenditures	0.00	0.00		
	(c) Total Operating Expenditures	7			
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
	Transfers to Affiliated/Other Party		0.00		
	CommitteesContributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	7750.00	32450.00		
	Independent Expenditures	0.00	0.00		
	(use Schedule E)	3.00			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loans MadeRefunds of Contributions To:	0.00	0.00		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
	man Folitical Committees	0.00	5.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees		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		
	Other Dispursements	0.00	0.00		
	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share				
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely				
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
	Eines 30(a)(i), 30(a)(ii) and 30(b))		7		
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7750.00	32450.00		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	7750.00	32450.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	29355.00	51605.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29355.00	51605.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 6 OF Use separate schedule(s)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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) 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)	State Zip Code NY 12306 C Occupation Manager, Medicare Sales Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 20 2011 Transaction ID : SA11AI.11927 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) 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)	State Zip Code NY 12306 C Occupation Manager, Medicare Sales Aggregate Year-to-Date ▼	Date of Receipt 11 03 2011 Transaction ID : SA11AI.11928 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) 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)	State Zip Code NY 12306 C Occupation Manager, Medicare Sales Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 17 2011 Transaction ID: SA11AI.11929 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00
TOTAL This Period (last page this line number	only)	

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 2011 08 26 City State Zip Code Transaction ID: SA11AI.11949 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 09 2011 09 City State Zip Code Transaction ID: SA11AI.11950 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 09 23 2011 City State Zip Code Transaction ID: SA11AI.11951 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Corporate VP MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 2011 11 18 City State Zip Code Transaction ID: SA11AI.11955 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 2011 12 02 City State Zip Code Transaction ID: SA11AI.11956 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road M M / 12 16 2011 City State Zip Code Transaction ID: SA11AI.11957 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Corporate VP MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 13 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 30 2011 12 City State Zip Code Transaction ID: SA11AI.11958 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. Linda Borges Date of Receipt Mailing Address 627 Salvia Lane 30 2011 07 City State Zip Code Transaction ID: SA11AI.12019 Guilderland NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp. Compliance Officer/Dir. Of Compl Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Sue Brown Date of Receipt Mailing Address 9 Wembly Ct. 20 10 2011 City Zip Code State Transaction ID: SA11AI.12042 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP, EPMO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 340.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Page int For:	State Zip Code NY 12054 cupation EPMO gregate Year-to-Date ▼ 250.00	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12043 Amount of Each Receipt this Period 30.00
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Page int For:	State Zip Code NY 12054 Cupation EPMO gregate Year-to-Date ▼ 280.00	Date of Receipt 11 17 2011 Transaction ID: SA11Al.12044 Amount of Each Receipt this Period 30.00
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Page int Fer.	State Zip Code NY 12054 cupation , EPMO gregate Year-to-Date ▼ 310.00	Date of Receipt 12 01 2011 Transaction ID: SA11AI.12045 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	•	90.00
TOTAL This Period (last page this line number only).		

FOR LINE NUMBER: PAGE 15 OF 109 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Jennifer Cenzano Date of Receipt Mailing Address 1177 North Rd. 30 2011 07 City Zip Code State Transaction ID: SA11AI.12067 NY W. Glenville 12010 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Director of Accounting Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Davis Date of Receipt Mailing Address 121 Meriline Ave. 2011 12 01 City State Zip Code Transaction ID: SA11AI.12141 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Davis Date of Receipt Mailing Address 121 Meriline Ave. M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.12142 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laura Davis Date of Receipt Mailing Address 121 Meriline Ave. 2011 12 29 City Zip Code State Transaction ID: SA11AI.12143 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 09 2011 22 City State Zip Code Transaction ID: SA11AI.12150 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 06 10 2011 City Zip Code State Transaction ID: SA11AI.12151 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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18 OF 109 Use separate schedule(s) ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 20 2011 10 City Zip Code State Transaction ID: SA11AI.12152 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 2011 11 03 City State Zip Code Transaction ID: SA11AI.12153 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 17 11 2011 City Zip Code State Transaction ID: SA11AI.12154 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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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) Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 01 2011 12 City State Zip Code Transaction ID: SA11AI.12155 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 2011 12 15 City State Zip Code Transaction ID: SA11AI.12156 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 29 12 2011 City Zip Code State Transaction ID: SA11AI.12157 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 2011 22 City Zip Code State Transaction ID: SA11AI.12191 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP Corporate Affairs MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 10 2011 06 City State Zip Code Transaction ID: SA11AI.12192 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Corporate Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 20 10 2011 City Zip Code State Transaction ID: SA11AI.12193 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP Corporate Affairs MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 2011 11 0.3 City Zip Code State Transaction ID: SA11AI.12194 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP Corporate Affairs MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 2011 11 17 City State Zip Code Transaction ID: SA11AI.12195 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Corporate Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 12 01 2011 City Zip Code State Transaction ID: SA11AI.12196 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP Corporate Affairs MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 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 C 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 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 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Corporate Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 80 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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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I PAC	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12234 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	60.00
MVP Health Care, Inc. Receipt For: Primary General Other (specify)	EVP Network Management Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt 09 22 2011
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12235 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc. Receipt For:	Occupation EVP Network Management	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) C. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place City	State Zip Code	10 06 2011 Transaction ID - SA11A1 2226
Slingerlands	NY 12159	Transaction ID : SA11AI.12236 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional).		180.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12237 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation EVP Network Management Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt 11 03 2011
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) C. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)		180.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt
City	State Zip Code	12 01 2011 Transaction ID : SA11AI.12240
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) 3. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		12 15 2011
City	State Zip Code	Transaction ID : SA11AI.12241
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc.	Occupation	1
Receipt For:	EVP Network Management	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 500 Normanskill Place		12 29 2011
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12242 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	780.00	
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 2011 11 18 City Zip Code State Transaction ID: SA11AI.12284 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Director, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 2011 12 02 City State Zip Code Transaction ID: SA11AI.12285 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd M M / 12 16 2011 City Zip Code State Transaction ID: SA11AI.12286 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Director, EPMO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander St.		12 01 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.12299
Rochester	NY 14607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP, Medical Quality Management	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	440.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander St.		12 15 2011
City	State Zip Code NY 14607	Transaction ID : SA11AI.12300
Rochester	NY 14607	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Bassist
Mailing Address 220 Alexander St.		Date of Receipt 12 29 2011
City	State Zip Code	Transaction ID : SA11AI.12301
Rochester	NY 14607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	+
MVP Health Care, Inc.	VP, Medical Quality Management	
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Primary General		
Other (specify) ▼	520.00	
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c. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 29 07 2011 City Zip Code State Transaction ID: SA11AI.12312 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General

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280.00

10.00

Other (specify)

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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2011 23 City Zip Code State Transaction ID: SA11AI.12316 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 10 2011 07 City State Zip Code Transaction ID: SA11AI.12317 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 10 21 2011 City Zip Code State Transaction ID: SA11AI.12318 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. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave City	State Zip Code	Date of Receipt 11 04 2011 Transaction ID: SA11AI.12319
Scotia FEC ID number of contributing federal political committee. Name of Employer	NY 12302 C Occupation	Amount of Each Receipt this Period
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Associate Director Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave		Date of Receipt 11 18 2011
City Scotia FEC ID number of contributing federal political committee.	State Zip Code NY 12302	Transaction ID : SA11AI.12320 Amount of Each Receipt this Period 10.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Associate Director Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City 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 ▼ 370.00	Transaction ID : SA11AI.12321 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)	>	30.00
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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Bill Geddings Date of Receipt Mailing Address 75 Robinwood Dr 2011 12 15 City Zip Code State Transaction ID: SA11AI.12337 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bill Geddings Date of Receipt Mailing Address 75 Robinwood Dr 2011 12 29 City State Zip Code Transaction ID: SA11AI.12338 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 80 11 2011 City Zip Code State Transaction ID: SA11AI.12357 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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\setminus	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Pa	AC		
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Rd			08 25 2011
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.12358 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer	Occupation	l	_
	MVP Health Care, Inc.	VP, Medica	re Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
В.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Rd City	State	Zip Code	09 08 2011 Transaction ID : SA11AI.12359
	Rochester	NY	14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer MVP Health Care, Inc.	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
<u> </u>	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Rd			09 22 / 2011
	City Rochester	State NY	Zip Code 14610	Transaction ID : SA11AI.12360
	FEC ID number of contributing federal political committee.	C	14010	Amount of Each Receipt this Period 80.00
	Name of Employer	Occupation	<u> </u>	_
	MVP Health Care, Inc.		ire Products	
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37 OF 109 12 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 06 2011 10 City State Zip Code Transaction ID: SA11AI.12361 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 10 20 2011 City State Zip Code Transaction ID: SA11AI.12362 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 03 11 2011 City Zip Code State Transaction ID: SA11AI.12363 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional).....

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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
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 ▼	Date of Receipt 11 17 2011 Transaction ID : SA11AI.12364 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 ▼	Date of Receipt 12 01 2011 Transaction ID: SA11AI.12365 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 ▼ 960.00	Date of Receipt 12 15 2011 Transaction ID: SA11AI.12366 Amount of Each Receipt this Period 80.00
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Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 2011 12 29 City State Zip Code Transaction ID: SA11AI.12367 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 07 14 2011 City State Zip Code Transaction ID: SA11AI.12368 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 28 07 2011 City Zip Code State Transaction ID: SA11AI.12369 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1120.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) 1. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		M = M / D = D / Y = Y = Y
City	State 7's Cod-	08 11 2011
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.12370
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
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Name of Employer	Occupation EVP & Chief Logal Officer	
MVP Health Care, Inc. Receipt For:	EVP & Chief Legal Officer	
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1190.00	
Full Name (Last, First, Middle Initial) 3. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		M M / D D / Y Y Y Y Y
		08 25 2011
City	State Zip Code	Transaction ID : SA11AI.12371
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1260.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		09 08 2011
City	State Zip Code	Transaction ID : SA11AI.12372
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	1330.00	
SUBTOTAL of Receipts This Page (optional)	•	210.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella	Denise Gonick		
		09 22 2011	
City	State Zip Code	Transaction ID : SA11AI.12373	
Schenectady	NY 12303	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	70.00	
Name of Employer	Occupation	-	
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	1400.00		
Full Name (Last, First, Middle Initial) 3. Denise Gonick		Date of Receipt	
Mailing Address 803 Via Marchella		10 06 2011	
City	State Zip Code NY 12303	Transaction ID : SA11AI.12374	
Schenectady FEG. ID. graphers of contributions	NY 12303	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	70.00	
Name of Employer	Occupation		
MVP Health Care, Inc. Receipt For:	EVP & Chief Legal Officer	_	
Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	1470.00		
Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt	
Mailing Address 803 Via Marchella		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.12375	
		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	70.00	
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For: Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	1540.00		
SUBTOTAL of Receipts This Page (optional	l) >	210.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC			
Full Name (Last, First, Middle Initial) Denise Gonick				
Mailing Address 803 Via Marchella		11 03 2011		
City	State Zip Code	Transaction ID : SA11AI.12376		
Schenectady	NY 12303	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70.00		
Name of Employer	Occupation			
MVP Health Care, Inc.	EVP & Chief Legal Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1610.00			
Full Name (Last, First, Middle Initial) 3. Denise Gonick	Date of Receipt			
Mailing Address 803 Via Marchella	M = M / D = D / Y = Y = Y			
City	11 17 2011			
Schenectady	State Zip Code NY 12303	Transaction ID : SA11AI.12377 Amount of Each Receipt this Period		
		Amount of Lacif Neceipt this Fellou		
FEC ID number of contributing federal political committee.	C	70.00		
Name of Employer	Occupation			
MVP Health Care, Inc.	EVP & Chief Legal Officer			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	1680.00			
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt		
Mailing Address 803 Via Marchella		12 01 2011		
City	State Zip Code	Transaction ID : SA11AI.12378		
Schenectady	NY 12303	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	70.00		
Name of Employer	Occupation			
MVP Health Care, Inc.				
Receipt For:	Aggregate Year-to-Date ▼			
Primary General				
Other (specify) ▼	1750.00			
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 12 15 City Zip Code State Transaction ID: SA11AI.12379 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1820.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 12 29 City State Zip Code Transaction ID: SA11AI.12380 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1890.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 07 12 2011 City State Zip Code Transaction ID: SA11AI.12409 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 390.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) 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 ▼ 260.00	Date of Receipt O7 14 2011 Transaction ID: SA11AI.12396 Amount of Each Receipt this Period 10.00
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	State Zip Code NY 12302 C Occupation Director, UM Aggregate Year-to-Date ▼	Date of Receipt 07 28 2011 Transaction ID : SA11AI.12397 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. 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 ▼	Date of Receipt 08 11 2011 Transaction ID: SA11AI.12398 Amount of Each Receipt this Period 10.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) A. Gale Harris Mailing Address 19 Heritage Parkway		Date of Receipt
		08 25 2011
City Glenville	State Zip Code NY 12302	Transaction ID : SA11AI.12399
FEC ID number of contributing federal political committee.	C 12302	Amount of Each Receipt this Period
	Occupation	
Name of Employer	Occupation Director LIM	
MVP Health Care, Inc. Receipt For: Primary General	Director, UM Aggregate Year-to-Date ▼	
Other (specify) ▼	290.00	
Full Name (Last, First, Middle Initial) Gale Harris		Date of Receipt
Mailing Address 19 Heritage Parkway		09 08 2011
Classilla	State Zip Code NY 12302	Transaction ID : SA11AI.12400
Glenville	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.	Director, UM	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. Gale Harris		Date of Receipt
Mailing Address 19 Heritage Parkway		09 22 2011
City Glenville	State Zip Code NY 12302	Transaction ID : SA11AI.12401 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.	Director, UM	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	310.00	
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 10 06 City State Zip Code Transaction ID: SA11AI.12402 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Director, UM MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 10 20 2011 City State Zip Code Transaction ID: SA11AI.12403 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 03 11 2011 City State Zip Code Transaction ID: SA11AI.12404 NY Glenville 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. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 11 City State Zip Code Transaction ID: SA11AI.12405 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Director, UM MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 12 01 City State Zip Code Transaction ID: SA11AI.12406 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway M M / 12 15 2011 City State Zip Code Transaction ID: SA11AI.12407 NY Glenville 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. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 12 29 City State Zip Code Transaction ID: SA11AI.12408 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 08 2011 11 City State Zip Code Transaction ID: SA11AI.12413 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 80 25 2011 City Zip Code State Transaction ID: SA11AI.12414 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 49 OF 109

ITEMIZED DECEIDTS	-			(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a		11b	11c	12			
Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	erson f	13 or the	 pur	14 pose of	15 soliciting	16 g contribu	17 tions		
or for commercial purposes, other than us											
NAME OF COMMITTEE (In Full)											
MVP Health Care Inc. Fede	eral PAC										
Full Name (Last, First, Middle Initial) A. Christopher Henchey				Date of	Re	eceipt					
Mailing Address 144 Berry Rd				M = M	1 /	D = D	/ Y	YYY	Υ		
City	State	Zip Code	- 1	09 Trans	act	08 i on ID : \$	SA11AI	2011			
Loudon	NH	03307						nis Period			
FEC ID number of contributing federal political committee.	С				Ī	7			0.00		
Name of Employer	Occupation										
MVP Health Care, Inc.	Vice Presid	ent									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	1 1 1		1								
Other (specify) ▼		400.00	4								
Full Name (Last, First, Middle Initial) B. Christopher Henchey	<u>'</u>			Date of	Re	eceipt					
Mailing Address 144 Berry Rd				м = м	1 /	22	/ Y	2011	Y		
City	State	Zip Code	_ "		acti	ion ID : S	SA11AI.				
Loudon	NH	03307						nis Period			
FEC ID number of contributing federal political committee.	С					,	- 7	80	.00		
Name of Employer	Occupation		\dashv								
MVP Health Care, Inc.	Vice Presid	ent									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		480.00	1								
Other (specify) ▼		460.00	4								
Full Name (Last, First, Middle Initial) C. Christopher Henchey			-	Date of	Re	eceipt					
Mailing Address 144 Berry Rd			\dashv	M = M		D D	/ Y	YY	Υ		
			_	10	ľ	06	ŢĹ	2011			
City Loudon	State NH	Zip Code 03307	<u> </u>			ion ID :					
	1411	03307	-	Amount	of	Each Re	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C				_	7	7	80	0.00		
Name of Employer	Occupation										
MVP Health Care, Inc.	Vice Presid	ent									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		560.00	1								
Other (specify)		300.00	4								
					-			0.40	00		
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 20 2011 10 City Zip Code State Transaction ID: SA11AI.12418 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 2011 11 03 City State Zip Code Transaction ID: SA11AI.12419 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 17 11 2011 City Zip Code State Transaction ID: SA11AI.12420 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 01 2011 12 City Zip Code State Transaction ID: SA11AI.12421 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 2011 12 15 City State Zip Code Transaction ID: SA11AI.12422 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd M = M 29 12 2011 City Zip Code State Transaction ID: SA11AI.12423 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 52 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 08 City Zip Code State Transaction ID: SA11AI.12428 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation EVP, Sales and Marketing MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 08 2011 26 City State Zip Code Transaction ID: SA11AI.12429 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 09 09 2011 City Zip Code State Transaction ID: SA11AI.12430 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

		PAGE	53 OF	109
Use separate schedule(s) for each category of the	(check only one)	110	12	
Detailed Summary Page	13 14	15	1 ₁₆	717

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 4 by why United 2 with		Date of Receipt
Mailing Address 1 Loudon Heights South		09 23 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.12431
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		10 07 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code NY 12211	Transaction ID : SA11AI.12432
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Sales and Marketing	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) C. David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		10 21 2011
City Loudonville	State Zip Code NY 12211	Transaction ID : SA11AI.12433 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Carol (openly)	010.00	
SUBTOTAL of Receipts This Page (optional)	·····	180.00
TOTAL This Period (last page this line numb	per only)	

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				PAGE	. 5	54	OF		109		
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		13		14		15		16	,		17

	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	^AC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South		Date of Receipt
		11 04 2011
City Loudonville	State Zip Code NY 12211	Transaction ID : SA11AI.12434 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights South		Date of Receipt
City Loudonville	State Zip Code NY 12211	11 18 2011 Transaction ID : SA11AI.12435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		12 02 2011
City Loudonville	State Zip Code NY 12211	Transaction ID : SA11AI.12436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care, Inc.	Occupation EVP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional)		180.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 55 OF 109 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 12 16 City Zip Code State Transaction ID: SA11AI.12437 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation EVP, Sales and Marketing MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 12 30 City State Zip Code Transaction ID: SA11AI.12438 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Allen Hinkle Date of Receipt Mailing Address 65 Jenkins Rd 30 07 2011 City Zip Code State Transaction ID: SA11AI.12456 NH Lebanon 03766 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **EVP/Chief Medical Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 OF 109 (check only one) X 11a
			person for the purpose of soliciting contributions are to solicit contributions from such committee.
MVP Health Care Inc. Feder	ral PAC		
Full Name (Last, First, Middle Initial) A. Rosemarie Hogan			Date of Receipt
Mailing Address 45 Crestwood Dr.			11 18 2011
City	State	Zip Code	Transaction ID : SA11AI.12482
Schenectady	NY	12306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	1	
MVP Health Care, Inc.	Director of	Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Mailing Address 45 Crestwood Dr.			Date of Receipt
City	State	Zip Code	12 02 2011
Schenectady	NY	12306	Transaction ID : SA11AI.12483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	20.00
Name of Employer MVP Health Care, Inc.	Occupation Director of		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan			Date of Receipt
Mailing Address 45 Crestwood Dr.			12 16 2011
City	State	Zip Code	Transaction ID : SA11AI.12484
Schenectady	NY	12306	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.	Director of	Operations	

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Aggregate Year-to-Date ▼

Receipt For:

Primary

Other (specify) ▼

General

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

57 OF 109 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Dr. 30 2011 12 City Zip Code State Transaction ID: SA11AI.12485 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Hopsicker Date of Receipt Mailing Address 4209 Oakdale Ct. 2011 07 30 City State Zip Code Transaction ID: SA11AI.12487 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 06 10 2011 City Zip Code State Transaction ID: SA11AI.12528 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional).....

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

FOR LINE NUMBER: PAGE 58 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

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for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 20 2011 10 City Zip Code State Transaction ID: SA11AI.12529 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 2011 11 03 City State Zip Code Transaction ID: SA11AI.12530 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 17 11 2011 City Zip Code State Transaction ID: SA11AI.12531 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEN

FOR LINE NUMBER: PAGE 59 OF

MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	l `—	ck only 11a 13	one) 11b 14	11c		12		17
information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson f	or the p	urpose o	f solicitino	g co	ntributi	ons	

Any or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 01 2011 12 City State Zip Code Transaction ID: SA11AI.12532 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 12 15 2011 City State Zip Code Transaction ID: SA11AI.12533 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr M M / 29 12 2011 City State Zip Code Transaction ID: SA11AI.12534 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X 11a	11b	11c	12	
zotanou cummun, rugo	13	14	15	16	

Any information copied from such Reports or for commercial purposes, other than usi	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC	
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland		Date of Receipt
		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.12556
Watervliet	NY 12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	+
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) 3. Dawn K Jablonski		Date of Receipt
Mailing Address 64 Sutherland		09 23 2011
City	State Zip Code	Transaction ID : SA11AI.12557
Watervliet	NY 12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Dawn K Jablonski		Date of Receipt
Mailing Address 64 Sutherland		10 07 2011
City	State Zip Code	Transaction ID : SA11AI.12558
Watervliet	NY 12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	+
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	320.00	
SUBTOTAL of Receipts This Page (option	nal)	120.00
TOTAL This Period (last page this line nu	imber only)	

FOR LINE NUMBER: PAGE 61 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 2011 10 21 City Zip Code State Transaction ID: SA11AI.12559 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 2011 11 04 City State Zip Code Transaction ID: SA11AI.12560 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland M M / 11 18 2011 City Zip Code State Transaction ID: SA11AI.12561 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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, ,		13		14		15		16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland		Date of Receipt
Maining Address of Sutherland		12 02 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.12562
Watervliet	NY 12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial)	7	
Mailing Address 64 Sutherland		Date of Receipt 12 16 2011
City	State Zip Code	Transaction ID : SA11AI.12563
Watervliet	NY 12189	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) Dawn K Jablonski		Date of Receipt
Mailing Address 64 Sutherland		12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Watervliet	State Zip Code NY 12189	Transaction ID : SA11AI.12564 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	560.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line numbe	r only)	

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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) David Kadish Mailing Address (1.0) Mail		Date of Receipt
Mailing Address 44 Surrey Mall		08 09 2011
City	State Zip Code	Transaction ID : SA11AI.12606
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	†
MVP Health Care, Inc.	VP Facility Contracting	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Joseph Lia	- 1	Date of Receipt
Mailing Address 1 Summit Ct		M = M / D = D / Y = Y = Y
Suite 200	State 7's Code	10 06 2011
City	State Zip Code NY 12524	Transaction ID : SA11AI.12711
Fishkill	NY 12524	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 of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 1 Summit Ct Suite 200		10 20 2011
City	State Zip Code	Transaction ID : SA11AI.12712
Fishkill	NY 12524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional	ı) >	360.00
TOTAL This Period (last page this line num	nher only)	

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II 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	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12713 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 ▼ 300.00	Date of Receipt 11 17 2011 Transaction ID: SA11AI.12714 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 ▼ 330.00	Date of Receipt 12 01 2011 Transaction ID : SA11AI.12715 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Joseph Lia Date of Receipt Mailing Address 1 Summit Ct Suite 200 2011 12 15 City Zip Code State Transaction ID: SA11AI.12716 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Lia Date of Receipt Mailing Address 1 Summit Ct Suite 200 2011 12 29 City State Zip Code Transaction ID: SA11AI.12717 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Little Date of Receipt Mailing Address 300 Partridge Ln 06 10 2011 City Zip Code State Transaction ID: SA11AI.12735 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) William Little Date of Receipt Mailing Address 300 Partridge Ln 20 2011 10 City State Zip Code Transaction ID: SA11AI.12736 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. William Little Date of Receipt Mailing Address 300 Partridge Ln 2011 11 03 City State Zip Code Transaction ID: SA11AI.12737 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VΡ Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Little Date of Receipt Mailing Address 300 Partridge Ln M M / 17 11 2011 City Zip Code State Transaction ID: SA11AI.12738 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Primary General Other (specify) ▼	Zip Code 05445 on te Year-to-Date ▼	Date of Receipt 12 01 2011 Transaction ID: SA11AI.12739 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln City State Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) Aggregat	Zip Code 05445 on te Year-to-Date ▼	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)	Zip Code 05445 on te Year-to-Date ▼	Date of Receipt 12 29 2011 Transaction ID: SA11AI.12741 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Matthew Mackinnon Date of Receipt Mailing Address 1523 East Avenue 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 C 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 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 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Network Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 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, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 2011 10 06 City Zip Code State Transaction ID: SA11AI.12820 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Underwriting and Analysis MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 10 20 2011 City State Zip Code Transaction ID: SA11AI.12821 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 03 11 2011 City Zip Code State Transaction ID: SA11AI.12822 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, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 2011 11 City Zip Code State Transaction ID: SA11AI.12823 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Underwriting and Analysis MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 2011 12 01 City State Zip Code Transaction ID: SA11AI.12824 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way M = M 12 15 2011 City Zip Code State Transaction ID: SA11AI.12825 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, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any personal name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Carl Maleri Mailing Address 19 Crimson Way City Webster	State Zip Code NY 14580	Date of Receipt 12 29 2011 Transaction ID: SA11AI.12826
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP, Underwriting and Analysis Aggregate Year-to-Date ▼ 520.00	Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga	State Zip Code NY 12866	Date of Receipt 10 06 2011 Transaction ID : SA11AI.12834 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) Other	C Occupation VP Marketing Aggregate Year-to-Date ▼ 210.00	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 Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼	Date of Receipt 10 20 2011 Transaction ID: SA11AI.12835 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		100.00
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	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City State Zip Code		Date of Receipt 11 03 2011 Transaction ID: SA11AI.12836
Saratoga 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 Marketing Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga	State Zip Code NY 12866	Date of Receipt 11 17 2011 Transaction ID: SA11AI.12837 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 VP Marketing Aggregate Year-to-Date ▼ 300.00	30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City	State Zip Code	Date of Receipt 12 01 2011 Transaction ID: SA11AI.12838
Saratoga 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 Marketing Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line number	only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC	
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 Other (specify) Full Name (Last, First Middle Initial)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 15 2011 Transaction ID: SA11Al.12839 Amount of Each Receipt this Period 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 Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 390.00	Date of Receipt 12 29 2011 Transaction ID : SA11AI.12840 Amount of Each Receipt this Period 30.00
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)	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	110.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 2011 09 22 City Zip Code State Transaction ID: SA11AI.12869 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 10 2011 06 City State Zip Code Transaction ID: SA11AI.12870 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 20 10 2011 City Zip Code State Transaction ID: SA11AI.12871 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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MVP Health Care Inc. Federa	I PAC									
Full Name (Last, First, Middle Initial) Laurie Metheny			D	ate of	Re	ceipt				
Mailing Address 21 Joellen Dr				м = м 1_1	/	03		2011		1
City	State	Zip Code		Trans	acti	on ID	SA11A	1.12872		
Rochester	NY	14626	A	mount	of	Each F	Receipt t	his Perio	od	
FEC ID number of contributing federal political committee.	С					7	,		50.00	0
Name of Employer	Occupation									
MVP Health Care, Inc.	VP, Busines	ss Excellence								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		430.00								
Full Name (Last, First, Middle Initial) 3. Laurie Metheny			D	ate of	Re	ceint				
Mailing Address 21 Joellen Dr			_	M = M	1 ′	17		2011	/ = Y	1
City	State	Zip Code			acti		SA11AI			
Rochester	NY	14626	Α	mount	of	Each I	Receipt t	his Perio	od	
FEC ID number of contributing federal political committee.	С				_	7	7	:	50.00)
Name of Employer	Occupation		\dashv							
MVP Health Care, Inc.	VP, Busines	ss Excellence								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		480.00								
Full Name (Last, First, Middle Initial) Laurie Metheny			D	ate of	Re	ceipt				
Mailing Address 21 Joellen Dr				M M	/	01		2011	/ = Y	
City	State	Zip Code		Trans	acti	ion ID	: SA11A	I.12874		_
Rochester	NY	14626	A	mount	of	Each F	Receipt t	his Perio	od	
FEC ID number of contributing federal political committee.	С				_	7	7		50.0	0
Name of Employer	Occupation		\neg							
MVP Health Care, Inc.	VP, Busine	ss Excellence								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		530.00								
SUBTOTAL of Receipts This Page (optional)						7		15	50.00	
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FOR LINE NUMBER: PAGE 76 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 2011 12 15 City Zip Code State Transaction ID: SA11AI.12875 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 580.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 2011 12 29 City State Zip Code Transaction ID: SA11AI.12876 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Rd 80 09 2011 City Zip Code State Transaction ID: SA11AI.12902 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 77 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) James Morrill Date of Receipt Mailing Address 54 Henderson Rd 2011 22 City Zip Code State Transaction ID: SA11AI.12903 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 E. Claremont Dr 2011 12 01 City State Zip Code Transaction ID: SA11AI.12973 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard Odorizzi Date of Receipt Mailing Address 71 E. Claremont Dr M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.12974 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Director of Finance MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 78 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

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TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the i		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany	State Zip Code NY 12205	Date of Receipt 08 11 2011 Transaction ID : SA11AI.12978 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) Other (specify)	Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 480.00	30.00
Full Name (Last, First, Middle Initial) 3. David Orlando Mailing Address 3 Clare Castle		Date of Receipt 08 25 2011
City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12205	Transaction ID : SA11AI.12979 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt 09 08 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12980 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify) General	Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	<u> </u>	90.00

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 2011 22 City Zip Code State Transaction ID: SA11AI.12981 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 570.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 10 2011 06 City State Zip Code Transaction ID: SA11AI.12982 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 20 10 2011 City Zip Code State Transaction ID: SA11AI.12983 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt 11 03 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12984 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) 3. David Orlando Mailing Address 3 Clare Castle		Date of Receipt
City Albany FEC ID number of contributing	State Zip Code NY 12205	Transaction ID : SA11AI.12985 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	30.00
MVP Health Care, Inc. Receipt For:	Corp VP of Operations Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		12 01 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12986 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 Corp VP of Operations	
Receipt For: Primary Other (specify)	Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional).	·	90.00
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FOR LINE NUMBER: PAGE 82 OF 109 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 15 2011 12 City Zip Code State Transaction ID: SA11AI.12987 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 12 29 2011 City State Zip Code Transaction ID: SA11AI.12988 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) c. Christopher Reiss Date of Receipt Mailing Address 5 Rockwood Drive 10 21 2011 City Zip Code State Transaction ID: SA11AI.13090 NY Newburgh 12550 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. Account Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City	State Zip Code	Date of Receipt 11 04 2011 Transaction ID: SA11AI.13091
Newburgh	NY 12550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care, Inc. Receipt For:	Occupation Account Manager Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive		Date of Receipt
	Stato Zin Co-do	11 18 2011
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.13092 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care, Inc.	Occupation Account Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Christopher Reiss		Date of Receipt
Mailing Address 5 Rockwood Drive		12 02 2011
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.13093 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. Receipt For:	Account Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		30.00
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Christopher Reiss		Date of Receipt
Mailing Address 5 Rockwood Drive		12 16 2011
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.13094 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General Other (specify) ▼	Occupation Account Manager Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive		Date of Receipt
City Newburgh	State Zip Code NY 12550	12 30 2011 Transaction ID : SA11AI.13095 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care, Inc.	Occupation Account Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) 2. Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		12 16 2011
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.13122 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. Receipt For: Primary General Other (specify) ▼	VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 220.00	
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	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) Jennifer Rice		Date of Receipt
Mailing Address 22 Hemlock Drive		12 30 2011
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.13123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care, Inc. Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
City Clifton Park	State Zip Code NY 12065	7 Transaction ID : SA11AI.13209 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 of Underwriting	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Thomas F. Ryan		Date of Receipt
Mailing Address 24 Bluestone Ridge		10 07 2011
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.13210 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation VP of Underwriting	
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
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16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Thomas F. Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 10 2011 21 City State Zip Code Transaction ID: SA11AI.13211 NY 12065 Clifton Park Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \blacktriangledown 270.00 Full Name (Last, First, Middle Initial) B. Thomas F. Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 11 04 2011 City State Zip Code Transaction ID: SA11AI.13212 Clifton Park NY 12065 Amount of Each Receipt this Period

		Amount of Each receipt this remod
FEC ID number of contributed federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary Ger Other (specify) ▼	Occupation VP of Underwriting Aggregate Year-to-Date ▼ 300.00	0
C. Thomas F. Ryan Mailing Address 24 Bluesto		Date of Receipt 11 18 2011
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.13213 Amount of Each Receipt this Period
FEC ID number of contributed federal political committee.	ting	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Underwriting	
Receipt For: Primary Ger Other (specify) ▼	Aggregate Year-to-Date ▼ 330.0	00

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NAME OF COMMITTEE (In Full)

MVP Health Care Inc. Federal PAC

/			
Α.	Full Name (Last, First, Middle Initial) Thomas F. Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.13214
	Clifton Park	NY 12065	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 of Underwriting	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	
В.	Full Name (Last, First, Middle Initial) Thomas F. Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		12 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.13215
	Clifton Park	NY 12065	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.	VP of Underwriting	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	390.00	
С .	Full Name (Last, First, Middle Initial) Thomas F. Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		12 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.13216
	Clifton Park	NY 12065	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 of Underwriting	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave 06 2011 10 City Zip Code State Transaction ID: SA11AI.13224 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 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 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave 03 11 2011 City Zip Code State Transaction ID: SA11AI.13226 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	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 Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 300.00	Date of Receipt 11 17 2011 Transaction ID: SA11AI.13227 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 Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 330.00	Date of Receipt 12 01 2011 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 Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 360.00	Date of Receipt 12 15 2011 Transaction ID : SA11AI.13229 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional))	90.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave 2011 12 29 City Zip Code State Transaction ID: SA11AI.13230 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 09 2011 80 City State Zip Code Transaction ID: SA11AI.13378 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 09 22 2011 City Zip Code State Transaction ID: SA11AI.13379 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	I 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. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 340.00	Date of Receipt 10 06 2011 Transaction ID: SA11AI.13380 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify) General	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 390.00	Date of Receipt 10 20 2011 Transaction ID: SA11AI.13381 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett 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 Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 440.00	Date of Receipt 11 03 2011 Transaction ID: SA11AI.13382 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional))	150.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 2011 11 City Zip Code State Transaction ID: SA11AI.13383 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation VP, Sales MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 490.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 2011 12 01 City State Zip Code Transaction ID: SA11AI.13384 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify)

Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.13385 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 590.00

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150.00

Other (specify)

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	COMMITTEE (In Full) ealth Care Inc. Federal	PAC									
A. Tracy Tac	Last, First, Middle Initial) daro-Ott ress 33 Everett Dr			D	ate of	Red					
	- 33 Everen Di	04-1-	7: 0.1	4 L	12		29	J L	_ 2	2011	Y
City Rochester		State NY	Zip Code 14624					SA11A eceipt			
	nber of contributing cal committee.	С					,			50.	00
Name of Em		Occupation VP, Sales									
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 640.00								
Full Name (I B. AJ Tate	Last, First, Middle Initial)				ate of	Red	ceint				
	ress PO Box 10423				M = M	1 ′	21	7 /		011	Y
City Rochester		State NY	Zip Code 14610		Trans		on ID :	SA11A eceipt	1.133	95	_
	nber of contributing cal committee.	С					,		_	10.0	00
Name of Em	' '	Occupation Director, Me									
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 210.00								
Full Name (I	Last, First, Middle Initial)			D	ate of	Red	ceipt				
	ress PO Box 10423			Ī	M = M	/	04	7 / [Y = Y	011	Υ
City Rochester		State NY	Zip Code 14610					SA11A eceipt			
	nber of contributing cal committee.	С					,		_	10.	00
Name of Em		Occupation									
MVP Health Receipt For:	*	Director, M		_							
Primar		Aggregate	Year-to-Date ▼ 220.00								
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) A. AJ Tate Mailing Address PO Box 10423 City Rochester FEC ID number of contributing	State Zip Code NY 14610	Date of Receipt 11 18 2011 Transaction ID : SA11AI.13397 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Director, Medicare Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) AJ Tate Mailing Address PO Box 10423 City	State Zip Code NY 14610	Date of Receipt 12 02 2011 Transaction ID : SA11AI.13398
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	Occupation Director, Medicare	Amount of Each Receipt this Period 10.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) AJ Tate Mailing Address PO Box 10423		Date of Receipt 12 16 2011
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 Director, Medicare Aggregate Year-to-Date ▼ 250.00	Transaction ID : SA11AI.13399 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional).		30.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) AJ Tate Date of Receipt Mailing Address PO Box 10423 30 2011 12 City Zip Code State Transaction ID: SA11AI.13400 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, Medicare Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 89 Massey St 10 2011 06 City State Zip Code Transaction ID: SA11AI.13464 Westfield MA 01085 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 89 Massey St M M / 20 10 2011 City Zip Code State Transaction ID: SA11AI.13465 MA Westfield 01085 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation CIO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
Full Name (Last, First, Middle Initial) 1. John Vangraafeiland	Date of	Date of Receipt							
Mailing Address 89 Massey St			M M M		03	/ Y	2011	Y	
City	State	Zip Code	Trans	action II	D : SA	11Al.1	3466		
Westfield	MA	01085	Amount	of Each	n Rece	ipt this	Period		
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Name of Employer	Occupation								
MVP Health Care, Inc.	CIO								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		290.00							
Full Name (Last, First, Middle Initial) 3. John Vangraafeiland	-		Date of	Receipt	t				
Mailing Address 89 Massey St	1,1 17 2011								
City	Transaction ID : SA11AI.13467								
Westfield	Amount	of Each	n Rece	ipt this	Period				
FEC ID number of contributing federal political committee.		30.00							
Name of Employer MVP Health Care, Inc.	Occupation								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		320.00							
Full Name (Last, First, Middle Initial) C. John Vangraafeiland			Date of	Receipt	t				
Mailing Address 89 Massey St			M - M		01	Y	y y y 2011	Y	
City Westfield	State MA	Zip Code 01085		action II of Each					
FEC ID number of contributing federal political committee.	C		30.00						
Name of Employer	Occupation								
MVP Health Care, Inc.	CIO								
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		350.00							
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Vangraafeiland Date of Receipt Mailing Address 89 Massey St 2011 12 15 City Zip Code State Transaction ID: SA11AI.13469 Westfield MA 01085 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 89 Massey St 2011 12 29 City State Zip Code Transaction ID: SA11AI.13470 Westfield MA 01085 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 07 14 2011 City Zip Code State Transaction ID: SA11AI.13497 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 2011 07 28 City Zip Code State Transaction ID: SA11AI.13498 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 80 2011 11 City State Zip Code Transaction ID: SA11AI.13499 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 80 25 2011 City Zip Code State Transaction ID: SA11AI.13500 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Date of Receipt 09 08 2011 Transaction ID : SA11AI.13501 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Associate Counsel Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park	State Zip Code NY 12065	Date of Receipt 09 22 2011 Transaction ID : SA11AI.13502
Clifton Park FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Associate Counsel Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt 10 06 2011
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 ▼ 600.00	Transaction ID : SA11AI.13503 Amount of Each Receipt this Period 30.00
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NAME OF COMMITTEE (In Full)

MVP Health Care Inc. Federal PAC

Full Name (Last First Middle Initial)

\angle							
— А.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt					
	Mailing Address 30 Wilton Court	10 20 / Y Y Y Y Y Y					
	City	State Zip Code	Transaction ID : SA11AI.13504				
	Clifton Park	NY 12065	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.	Associate Counsel					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00					
В.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt				
	Mailing Address 30 Wilton Court		11 03 2011				
	City	State Zip Code	Transaction ID : SA11AI.13505				
	Clifton Park	NY 12065	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.	Associate Counsel					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00					
	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt				
	Mailing Address 30 Wilton Court		11 17 2011				
	City	State Zip Code	Transaction ID : SA11AI.13506				
	Clifton Park	NY 12065	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. Associate Counsel		Associate Counsel					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00					
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 2011 10 City Zip Code State Transaction ID: SA11AI.13566 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 10 20 2011 City State Zip Code Transaction ID: SA11AI.13567 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 03 11 2011 City Zip Code State Transaction ID: SA11AI.13568 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive	Date of Receipt	
		11 17 2011
City	State Zip Code NY 03307	Transaction ID : SA11AI.13569
Loudon	101 03307	_ 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.	Sales Director - NH/VT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		12 01 2011
City	State Zip Code	Transaction ID : SA11AI.13570
Loudon	NY 03307	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.	Sales Director - NH/VT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) • Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		12 15 2011
City	State Zip Code	Transaction ID : SA11AI.13571
Loudon	NY 03307	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.	Sales Director - NH/VT	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
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FOR LINE NUMBER: PAGE 106 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2011 12 29 City Zip Code State Transaction ID: SA11AI.13572 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 15560.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 107 OF 109				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	· ·	ca. committee to	SSor SS.Mibulions IIC	3001 30111111100.		
Full Name (Last, First, Middle Initial) A. Alamo PAC			Date of Disburseme	nt		
Mailing Address 1020 N. Fairfax Street, Suite 201	10 25	2011				
	state Zip Code					
City S Alexandria	Transaction ID : SB23.13703					
Purpose of Disbursement		011	Amount of Each Dis	bursement this Period		
Candidate Name		Category/ Type	,	1000.00		
Senate President	nent For: 2012 Primary					
State: District: Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247		Date of Disburseme	nt			
•	State Zip Code NY 12106		Transaction ID : S	B23.13693		
Purpose of Disbursement Contribution	12100	011	Amount of Each Dis	bursement this Period		
Candidate Name CHRIS P GIBSON		Category/ Type		0.00		
Office Sought: House Disbursem	nent For: 2012 Primary	71		·		
Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS	}		Date of Disburseme			
Mailing Address PO Box 247			10 / 04	2011		
,	State Zip Code NY 12106		Transaction ID : S	B23.13695		
Contribution Candidate Name		011	Amount of Each Dis	bursement this Period		
CHRIS P GIBSON		Category/ Type		250.00		
Senate	nent For: 2012 Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				1250.00		

SCHEDULE B (FEC Form 3X)	Han annual colored (2)	FOR LINE NUMBER: PAGE 108 OF 109				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		04 🗆 05 —		
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30		
Any information copied from such Reports and States						
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions fron	n such committee.		
NAME OF COMMITTEE (In Full)	2					
MVP Health Care Inc. Federal PAG	3					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
- Crowley for Congress	Crowley for Congress					
Mailing Address c/o Dynamic SRG		12 14	2011			
139 Malcom X Blvd. Ste 1						
,	State Zip Code NY 10026		Transaction ID : SB	23.13708		
New York Purpose of Disbursement	10020					
Contribution		011	Amount of Each Disb	ursement this Period		
Candidate Name		Category/		500.00		
Rep. Joseph Crowley	mant Fam. 00/2	Туре		300.00		
Office Sought: House Disburser Senate	ment For: 2012 Primary					
President	Other (specify)					
State: NY District: 07	• · · · · · · · · · · · · · · · · · · ·					
Full Name (Last, First, Middle Initial)						
Friends of Mark Warner			Date of Disbursement	t		
Mailing Address 10 G. Street, NE Suite 570		10 25	2011			
City Washington,	State Zip Code DC 20002		Transaction ID : SB	323.13700		
Purpose of Disbursement Contribution		011	Amount of Each Disb	urcoment this Paried		
Candidate Name			Amount of Each Disp	ursement this Period		
Sen. Mark R. Warner		Category/ Type		1000.00		
	ment For: 2012					
Senate	Primary Seneral					
President State: VA District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
Kelly PAC			Date of Disbursement	t		
Mailing Address c/o The Gula Graham Group			12 13	2011		
a499 S. Capitol St., SW, Ste. 420			12 13	2011		
City	State Zip Code		Transaction ID : SB	323.13705		
Washington Purpose of Disbursement	DC 20003					
i dipose oi Dispuisement		011	Amount of Each Disb	urcoment this Bariad		
Candidate Name		Category/	AITIOUTE OF EACH DISD	ursement this Period		
		Type		5000.00		
	ment For: 2012					
Senate President	Primary General					
State: District:	Other (specify) ▼					
2.3						
SUBTOTAL of Disbursements This Page (optional)				6500.00		
TOTAL This Period (last page this line number only))		1	7750.00		

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 109 OF 109 FOR LINE NUMBER: (check only one)

9 **X** 10

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