

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street
 Check if different than previously reported. (ACC)
Schenectady NY 12305

2. **FEC IDENTIFICATION NUMBER** C00431429
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2011 through 06 30 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mr. Frank Fanshawe
Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 07 28 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
MVP Health Care Inc. Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		45485.34
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	45485.34									
(c) Total Receipts (from Line 19)	22250.00	22250.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67735.34	67735.34								
7. Total Disbursements (from Line 31)	24700.00	24700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43035.34	43035.34								
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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
MVP Health Care Inc. Federal PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10265.00	10265.00
(ii) Unitemized	11985.00	11985.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22250.00	22250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	22250.00	22250.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	22250.00	22250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22250.00	22250.00

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	24700.00	24700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24700.00	24700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24700.00	24700.00

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	22250.00	22250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22250.00	22250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial)
Ms. Mary Bianchi

Mailing Address 6 Doris Drive

City State Zip Code
Scotia NY 12302

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp Occupation VP, Sales Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2011

Transaction ID: SA11AI.11566

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Sue Ann Brown

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10293

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Sue Ann Brown

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.10294

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Sue Ann Brown

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.10295

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Carl Cameron

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 07 / 2011

Transaction ID: SA11AI.10302

Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Carl Cameron

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 04 / 21 / 2011

Transaction ID: SA11AI.10303

Amount of Each Receipt this Period 0.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Laura Davis

Mailing Address 212 Meriline Ave.

City Scotia State NY Zip Code 12302

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10366

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Laura Davis

Mailing Address 212 Meriline Ave.

City Scotia State NY Zip Code 12302

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.10367

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Laura Davis

Mailing Address 212 Meriline Ave.

City Scotia State NY Zip Code 12302

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.10368

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 03 / 24 / 2011
	Mailing Address 7723 Majestic Drive	Transaction ID: SA11AI.10374
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

B.	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 7723 Majestic Drive	Transaction ID: SA11AI.10375
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00

C.	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 7723 Majestic Drive	Transaction ID: SA11AI.10376
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

<p>A. Full Name (Last, First, Middle Initial) Patricia Deferio</p> <p>Mailing Address 7723 Majestic Drive</p> <p>City State Zip Code Liverpool NY 13090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MVP Occupation Regional Network Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: SA11AI.10377</p> <p>Amount of Each Receipt this Period 40.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	0	5	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	0	5	/	2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Patricia Deferio</p> <p>Mailing Address 7723 Majestic Drive</p> <p>City State Zip Code Liverpool NY 13090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MVP Occupation Regional Network Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: SA11AI.10378</p> <p>Amount of Each Receipt this Period 40.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	9	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5	/	1	9	/	2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Patricia Deferio</p> <p>Mailing Address 7723 Majestic Drive</p> <p>City State Zip Code Liverpool NY 13090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MVP Occupation Regional Network Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 440.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: SA11AI.10379</p> <p>Amount of Each Receipt this Period 40.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	2	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6	/	0	2	/	2	0	1	1												

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.10380

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.10381

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11AI.10409

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.10410

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11AI.10411

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10412

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10413

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10414

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.10415

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.10416
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 02 / 24 / 2011
Transaction ID: SA11AI.10456
Amount of Each Receipt this Period: 60.00

C. Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: SA11AI.10457
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11AI.10458

Amount of Each Receipt this Period: 60.00

B. Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.10459

Amount of Each Receipt this Period: 60.00

C. Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11AI.10460

Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10461

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10462

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Mark Fish

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10463

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Mark Fish	Date of Receipt MM / DD / YYYY 06 / 16 / 2011
	Mailing Address 500 Normanskill Place	Transaction ID: SA11AI.10464
	City State Zip Code Slingerlands NY 12159	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation EVP, CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 720.00	

B.	Full Name (Last, First, Middle Initial) Mark Fish	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 500 Normanskill Place	Transaction ID: SA11AI.10465
	City State Zip Code Slingerlands NY 12159	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation EVP, CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 780.00	

C.	Full Name (Last, First, Middle Initial) John Gajewski	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 166 Jordan Blvd	Transaction ID: SA11AI.10502
	City State Zip Code Delmar NY 12054	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Director EPMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 220.00	

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) John Gajewski	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 166 Jordan Blvd	Transaction ID: SA11AI.10503
	City State Zip Code Delmar NY 12054	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Director EPMO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

B.	Full Name (Last, First, Middle Initial) Dominic Galante	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 220 Alexander Street	Transaction ID: SA11AI.10510
	City State Zip Code Rochester NY 14607	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Dominic Galante	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 220 Alexander Street	Transaction ID: SA11AI.10511
	City State Zip Code Rochester NY 14607	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 83		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
	Mailing Address 220 Alexander Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 05 / 2011
	City	State	Zip Code
	Rochester	NY	14607
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10512
Name of Employer MVP Health Care		Occupation VP Medical Quality Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00	<input type="text"/> 30.00

B.	Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
	Mailing Address 220 Alexander Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2011
	City	State	Zip Code
	Rochester	NY	14607
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10513
Name of Employer MVP Health Care		Occupation VP Medical Quality Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	<input type="text"/> 30.00

C.	Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
	Mailing Address 220 Alexander Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 02 / 2011
	City	State	Zip Code
	Rochester	NY	14607
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10514
Name of Employer MVP Health Care		Occupation VP Medical Quality Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	<input type="text"/> 30.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
Rochester NY 14607

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.10515

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
Rochester NY 14607

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.10516

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Bill Geddings

Mailing Address 75 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.10551

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Bill Geddings
Mailing Address 75 Robinwood Drive
City Clifton Park State NY Zip Code 12065
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Health Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 16 / 2011
Transaction ID: SA11AI.10552
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Bill Geddings
Mailing Address 75 Robinwood Drive
City Clifton Park State NY Zip Code 12065
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Health Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.10553
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 02 / 10 / 2011
Transaction ID: SA11AI.10568
Amount of Each Receipt this Period 80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

A.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP, Medicare Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.10569

Amount of Each Receipt this Period 80.00

B.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP, Medicare Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11AI.10570

Amount of Each Receipt this Period 80.00

C.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP, Medicare Products

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11AI.10571

Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional) 240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 560.00
Date of Receipt 04 / 07 / 2011
Transaction ID: SA11AI.10572
Amount of Each Receipt this Period 80.00

B. Full Name (Last, First, Middle Initial)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 640.00
Date of Receipt 04 / 21 / 2011
Transaction ID: SA11AI.10573
Amount of Each Receipt this Period 80.00

C. Full Name (Last, First, Middle Initial)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 05 / 05 / 2011
Transaction ID: SA11AI.10574
Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional) ► 240.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	1

Transaction ID: SA11AI.10575

Amount of Each Receipt this Period
80.00

B.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.10576

Amount of Each Receipt this Period
80.00

C.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.10577

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	Rochester	NY	14610
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10578
Name of Employer MVP		Occupation VP, Medicare Products	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 1040.00	

B.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 10 / 2011
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10581
Name of Employer MVP		Occupation EVP & Chief Legal Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 70.00
		<input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 24 / 2011
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10582
Name of Employer MVP		Occupation EVP & Chief Legal Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 70.00
		<input type="text"/> 280.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 220.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2011

Transaction ID: SA11AI.10583

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2011

Transaction ID: SA11AI.10584

Amount of Each Receipt this Period
70.00

C.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.10585

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional) ► **210.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 83
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 803 Via Marchella	Transaction ID: SA11AI.10586
	City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation EVP & Chief Legal Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 560.00	

B.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 803 Via Marchella	Transaction ID: SA11AI.10587
	City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation EVP & Chief Legal Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 630.00	

C.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt MM / DD / YYYY 05 / 05 / 2011
	Mailing Address 803 Via Marchella	Transaction ID: SA11AI.10588
	City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation EVP & Chief Legal Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 700.00	

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 28 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10589

Amount of Each Receipt this Period 70.00

B. Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10590

Amount of Each Receipt this Period 70.00

C. Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.10591

Amount of Each Receipt this Period 70.00

SUBTOTAL of Receipts This Page (optional) ► 210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 980.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.10592

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11AI.10622

Amount of Each Receipt this Period
80.00

C.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11AI.10623

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ▶ **230.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 10 / 2011
Transaction ID: SA11AI.10635
 Amount of Each Receipt this Period: 80.00

B.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 03 / 24 / 2011
Transaction ID: SA11AI.10624
 Amount of Each Receipt this Period: 80.00

C.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: SA11AI.10625
 Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Christopher Henchey
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt: 04 / 21 / 2011
Transaction ID: SA11AI.10626
 Amount of Each Receipt this Period: 80.00

B. Full Name (Last, First, Middle Initial)
Christopher Henchey
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: SA11AI.10627
 Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Christopher Henchey
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: SA11AI.10628
 Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 06 / 02 / 2011
Transaction ID: SA11AI.10629
 Amount of Each Receipt this Period: 80.00

B.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11AI.10630
 Amount of Each Receipt this Period: 80.00

C.

Full Name (Last, First, Middle Initial)
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.10631
 Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 11 / 2011
Transaction ID: SA11AI.10636
 Amount of Each Receipt this Period: 60.00

B.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 25 / 2011
Transaction ID: SA11AI.10637
 Amount of Each Receipt this Period: 60.00

C.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 08 / 2011
Transaction ID: SA11AI.10638
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► **180.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 04 / 22 / 2011
Transaction ID: SA11AI.10639
 Amount of Each Receipt this Period: 60.00

B.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 05 / 06 / 2011
Transaction ID: SA11AI.10640
 Amount of Each Receipt this Period: 60.00

C.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 05 / 20 / 2011
Transaction ID: SA11AI.10641
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.10642
 Amount of Each Receipt this Period: 60.00

B.

Full Name (Last, First, Middle Initial)
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 06 / 17 / 2011
Transaction ID: SA11AI.10643
 Amount of Each Receipt this Period: 60.00

C.

Full Name (Last, First, Middle Initial)
Allen Hinkle

Mailing Address 65 Jenkins Rd.

City Lebanon State NH Zip Code 03766

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11AI.11567
 Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1120.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Rosemarie Hogan
Mailing Address 45 Crestwood Drive
City Schenectady State NY Zip Code 12306
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Administrative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.10680
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Rosemarie Hogan
Mailing Address 45 Crestwood Drive
City Schenectady State NY Zip Code 12306
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Administrative
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 06 / 17 / 2011
Transaction ID: SA11AI.10681
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Kevin Husted
Mailing Address 38 Fox Hill Drive
City Fairport State NY Zip Code 14450
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Information Technology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 04 / 07 / 2011
Transaction ID: SA11AI.10728
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 70.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 83		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11AI.10729

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10730

Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10731

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.10732

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.10733

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Kevin Husted

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.10734

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) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2011
	City	State	Zip Code
	Albany	NY	12208
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MVP Health Care		Occupation VP of Legal Affairs	Transaction ID: SA11AI.10753
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 240.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 08 / 2011
	City	State	Zip Code
	Albany	NY	12208
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MVP Health Care		Occupation VP of Legal Affairs	Transaction ID: SA11AI.10754
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 280.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 22 / 2011
	City	State	Zip Code
	Albany	NY	12208
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer MVP Health Care		Occupation VP of Legal Affairs	Transaction ID: SA11AI.10755
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 320.00	<input type="text"/> 40.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Dawn Jablonski

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 05 / 06 / 2011
Transaction ID: SA11AI.10756
 Amount of Each Receipt this Period: 40.00

B.

Full Name (Last, First, Middle Initial)
Dawn Jablonski

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 20 / 2011
Transaction ID: SA11AI.10757
 Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
Dawn Jablonski

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 06 / 03 / 2011
Transaction ID: SA11AI.10758
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Albany	NY	12208
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Health Care		Occupation VP of Legal Affairs	Transaction ID: SA11AI.10759
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="480.00"/>	<input type="text" value="40.00"/>

B.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Highland Mills	NY	10930
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation VP of Mid-Hudson Region	Transaction ID: SA11AI.10843
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="30.00"/>

C.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Highland Mills	NY	10930
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation VP of Mid-Hudson Region	Transaction ID: SA11AI.10844
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="215.00"/>	<input type="text" value="5.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 42 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Joseph Lia
Mailing Address 12 Sutherland Drive
City Highland Mills State NY Zip Code 10930
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of Mid-Hudson Region
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00
Date of Receipt 05 / 05 / 2011
Transaction ID: SA11AI.10845
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Joseph Lia
Mailing Address 12 Sutherland Drive
City Highland Mills State NY Zip Code 10930
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of Mid-Hudson Region
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00
Date of Receipt 05 / 19 / 2011
Transaction ID: SA11AI.10846
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Joseph Lia
Mailing Address 12 Sutherland Drive
City Highland Mills State NY Zip Code 10930
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of Mid-Hudson Region
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 305.00
Date of Receipt 06 / 02 / 2011
Transaction ID: SA11AI.10847
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) ►

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

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

FOR LINE NUMBER: PAGE 43 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Joseph Lia
Mailing Address 12 Sutherland Drive
City Highland Mills State NY Zip Code 10930
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of Mid-Hudson Region
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 335.00
Date of Receipt 06 / 16 / 2011
Transaction ID: SA11AI.10848
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Joseph Lia
Mailing Address 12 Sutherland Drive
City Highland Mills State NY Zip Code 10930
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of Mid-Hudson Region
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.10849
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
William V. Little
Mailing Address 300 Partridge Lane
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp. Occupation VP Vermont
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 04 / 07 / 2011
Transaction ID: SA11AI.10855
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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11AI.10856

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10857

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10858

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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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

A.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10859

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.10860

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.10861

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) ►

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

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

FOR LINE NUMBER: PAGE 46 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 03 / 24 / 2011
Transaction ID: SA11AI.10919
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 04 / 07 / 2011
Transaction ID: SA11AI.10920
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 04 / 21 / 2011
Transaction ID: SA11AI.10921
Amount of Each Receipt this Period 40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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

A.

Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.

Mailing Address 19 Crimson Way

City State Zip Code
Webster NY 14580

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10922

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.

Mailing Address 19 Crimson Way

City State Zip Code
Webster NY 14580

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10923

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.

Mailing Address 19 Crimson Way

City State Zip Code
Webster NY 14580

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10924

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt 06 / 16 / 2011
Transaction ID: SA11AI.10925
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.10926
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Augusta Martin
Mailing Address 457 Crescent Ave
City Saratoga State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 04 / 07 / 2011
Transaction ID: SA11AI.10933
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2011

Transaction ID: SA11AI.10934

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10935

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10936

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) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Saratoga	NY	12866
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10937
Name of Employer MVP Health Care		Occupation VP Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="330.00"/>	

B.	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Saratoga	NY	12866
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10938
Name of Employer MVP Health Care		Occupation VP Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="360.00"/>	

C.	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Saratoga	NY	12866
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.10939
Name of Employer MVP Health Care		Occupation VP Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="390.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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

A.

Full Name (Last, First, Middle Initial)
Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	1

Transaction ID: SA11AI.10958

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: SA11AI.10959

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	1	1

Transaction ID: SA11AI.10960

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Business Excellence

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 1 1

Transaction ID: SA11AI.10962

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Business Excellence

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 1 1

Transaction ID: SA11AI.10963

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Laurie Metheny

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Business Excellence

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.10964

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ▶

120.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Laurie Metheny
Mailing Address 21 Joellen Drive
City Rochester State NY Zip Code 14626
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Business Excellence
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt 06 / 16 / 2011
Transaction ID: SA11AI.10965
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Laurie Metheny
Mailing Address 21 Joellen Drive
City Rochester State NY Zip Code 14626
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Business Excellence
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00
Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.10966
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
James Morrill
Mailing Address 54 Henderson Road
City Glenmont State NY Zip Code 12077
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, HR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 03 / 10 / 2011
Transaction ID: SA11AI.10984
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 130.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glenmont	NY	12077
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10985
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer MVP	Occupation EVP, HR	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glenmont	NY	12077
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10986
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer MVP	Occupation EVP, HR	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
Glenmont	NY	12077
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.10987
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer MVP	Occupation EVP, HR	
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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

A.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: SA11AI.10988

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 19 / 2011

Transaction ID: SA11AI.10989

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.10990

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.10991

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.10992

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code
Voorheesville NY 12186

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.11043

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.11044

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: SA11AI.11045

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: SA11AI.11052

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **70.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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

A.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 21 / 2011
Transaction ID: SA11AI.11053
 Amount of Each Receipt this Period: 30.00

B.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: SA11AI.11054
 Amount of Each Receipt this Period: 30.00

C.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: SA11AI.11055
 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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 02 / 2011
Transaction ID: SA11AI.11056
 Amount of Each Receipt this Period: 30.00

B.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11AI.11057
 Amount of Each Receipt this Period: 30.00

C.

Full Name (Last, First, Middle Initial)
David Orlando

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 30 / 2011
Transaction ID: SA11AI.11058
 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) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 83
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Donald Rahn	Date of Receipt MM / DD / YYYY 06 / 03 / 2011
	Mailing Address 931 Northumberland Dr.	Transaction ID: SA11AI.11150
	City State Zip Code Niskayuna NY 12309	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Assoc. Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00

B.	Full Name (Last, First, Middle Initial) Donald Rahn	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 931 Northumberland Dr.	Transaction ID: SA11AI.11151
	City State Zip Code Niskayuna NY 12309	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Assoc. Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

C.	Full Name (Last, First, Middle Initial) Ellen Runyon	Date of Receipt MM / DD / YYYY 06 / 02 / 2011
	Mailing Address 625 State Street	Transaction ID: SA11AI.11223
	City State Zip Code Schenectady NY 12047	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP of E Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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

A.

Full Name (Last, First, Middle Initial)
Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
Schenectady NY 12047

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.11224

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
Schenectady NY 12047

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.11225

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Thomas Ryan

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2011

Transaction ID: SA11AI.11232

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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

A.

Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt MM / DD / YYYY 04 / 22 / 2011
Mailing Address 24 Bluestone Ridge		Transaction ID: SA11AI.11233
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care	Occupation VP Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

B.

Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt MM / DD / YYYY 05 / 06 / 2011
Mailing Address 24 Bluestone Ridge		Transaction ID: SA11AI.11234
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care	Occupation VP Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt MM / DD / YYYY 05 / 20 / 2011
Mailing Address 24 Bluestone Ridge		Transaction ID: SA11AI.11235
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care	Occupation VP Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Thomas Ryan

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MVP Health Care VP Underwriting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.11236

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Thomas Ryan

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MVP Health Care VP Underwriting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.11237

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MVP VP Sales

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.11244

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) ▶

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

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

FOR LINE NUMBER: PAGE 64 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Daniel Sauer
Mailing Address 160 Fifth Avenue
City State Zip Code
Saratoga Springs NY 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt MM / DD / YYYY
04 / 21 / 2011
Transaction ID: SA11AI.11245
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Daniel Sauer
Mailing Address 160 Fifth Avenue
City State Zip Code
Saratoga Springs NY 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00
Date of Receipt MM / DD / YYYY
05 / 05 / 2011
Transaction ID: SA11AI.11246
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Daniel Sauer
Mailing Address 160 Fifth Avenue
City State Zip Code
Saratoga Springs NY 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt MM / DD / YYYY
05 / 19 / 2011
Transaction ID: SA11AI.11247
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) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 83
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2011

Transaction ID: SA11AI.11248

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2011

Transaction ID: SA11AI.11249

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2011

Transaction ID: SA11AI.11250

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) ▶

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

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

FOR LINE NUMBER: PAGE 66 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 24 / 2011

Transaction ID: SA11AI.11342

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 07 / 2011

Transaction ID: SA11AI.11343

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation VP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 21 / 2011

Transaction ID: SA11AI.11344

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott	Date of Receipt MM / DD / YYYY 05 / 05 / 2011
	Mailing Address 33 Everett Drive	Transaction ID: SA11AI.11345
	City State Zip Code Rochester NY 14624	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott	Date of Receipt MM / DD / YYYY 05 / 19 / 2011
	Mailing Address 33 Everett Drive	Transaction ID: SA11AI.11346
	City State Zip Code Rochester NY 14624	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott	Date of Receipt MM / DD / YYYY 06 / 02 / 2011
	Mailing Address 33 Everett Drive	Transaction ID: SA11AI.11347
	City State Zip Code Rochester NY 14624	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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

A.	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott		Date of Receipt	
	Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y 06 / 16 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.11348
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer MVP		Occupation VP, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		480.00		

B.	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott		Date of Receipt	
	Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.11349
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer MVP		Occupation VP, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		520.00		

C.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt	
	Mailing Address 85 Pinehurst Place		M M / D D / Y Y Y Y 03 / 24 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.11390
	Middletown	CT	06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer MVP		Occupation CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		240.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 83
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
John Vangraafeiland

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 04 / 07 / 2011
Transaction ID: SA11AI.11391
 Amount of Each Receipt this Period: 40.00

B.

Full Name (Last, First, Middle Initial)
John Vangraafeiland

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 04 / 21 / 2011
Transaction ID: SA11AI.11392
 Amount of Each Receipt this Period: 40.00

C.

Full Name (Last, First, Middle Initial)
John Vangraafeiland

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 05 / 05 / 2011
Transaction ID: SA11AI.11393
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
John Vangraafeiland
Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 19 / 2011
Transaction ID: SA11AI.11394
 Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial)
John Vangraafeiland
Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 06 / 02 / 2011
Transaction ID: SA11AI.11395
 Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
John Vangraafeiland
Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 06 / 16 / 2011
Transaction ID: SA11AI.11396
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) John Vangraafeiland	Date of Receipt MM / DD / YYYY 06 / 30 / 2011
	Mailing Address 85 Pinehurst Place	Transaction ID: SA11AI.11397
	City Middletown State CT Zip Code 06457	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

B.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 30 Wilton Court	Transaction ID: SA11AI.11404
	City Clifton Park State NY Zip Code 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 30 Wilton Court	Transaction ID: SA11AI.11405
	City Clifton Park State NY Zip Code 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11406
Name of Employer MVP		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 270.00	

B.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11407
Name of Employer MVP		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 300.00	

C.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.11408
Name of Employer MVP		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 330.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 90.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 16 / 2011
Transaction ID: SA11AI.11409
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation Associate Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID: SA11AI.11410
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Tracey Welch

Mailing Address 134 Thornberry Lane

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing federal political committee. C

Name of Employer MVP Health Care Occupation Director Medical and Network Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 03 / 2011
Transaction ID: SA11AI.11473
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) Tracey Welch	Date of Receipt MM / DD / YYYY 06 / 17 / 2011
	Mailing Address 134 Thornberry Lane	Transaction ID: SA11AI.11474
	City State Zip Code Rensselaer NY 12144	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Director Medical and Network Analysis Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

B.	Full Name (Last, First, Middle Initial) Peter Whitehouse	Date of Receipt MM / DD / YYYY 04 / 07 / 2011
	Mailing Address 16 Oak Hill Drive	Transaction ID: SA11AI.11482
	City State Zip Code Loudon NH 03307	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00

C.	Full Name (Last, First, Middle Initial) Peter Whitehouse	Date of Receipt MM / DD / YYYY 04 / 21 / 2011
	Mailing Address 16 Oak Hill Drive	Transaction ID: SA11AI.11483
	City State Zip Code Loudon NH 03307	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Occupation Sales Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 05 / 05 / 2011

Transaction ID: SA11AI.11484

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 19 / 2011

Transaction ID: SA11AI.11485

Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care Occupation Sales Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 06 / 02 / 2011

Transaction ID: SA11AI.11486

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) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Loudon State NH Zip Code 03307		<input type="text"/> 06 / <input type="text"/> 16 / <input type="text"/> 2011
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.11487
Name of Employer MVP Health Care Occupation Sales Director		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 30.00
Aggregate Year-to-Date ▼ <input type="text"/> 360.00		

B.

Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City Loudon State NH Zip Code 03307		<input type="text"/> 06 / <input type="text"/> 30 / <input type="text"/> 2011
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: SA11AI.11488
Name of Employer MVP Health Care Occupation Sales Director		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 30.00
Aggregate Year-to-Date ▼ <input type="text"/> 390.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/> 10265.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)</p> <p>Mailing Address 601 PENNSYLVANIA AVENUE NW SUITE 500 SOUTH BUILDING</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB23.11581 Date of Disbursement 03 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) ANN MARIE BUERKLE FOR CONGRESS</p> <p>Mailing Address 3779 UNDERWOOD WAY</p> <p>City SYRACUSE State NY Zip Code 13215</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name ANN MARIE BUERKLE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 25</p>	<p>Transaction ID: SB23.11575 Date of Disbursement 02 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS</p> <p>Mailing Address PO BOX 247</p> <p>City KINDERHOOK State NY Zip Code 12106</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name CHRIS P GIBSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 20</p>	<p>Transaction ID: SB23.11586 Date of Disbursement 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 78 / 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE Mailing Address P.O. BOX 1776 City FREEDOM State PA Zip Code 15042 Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name JASON ALTMIRE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	Transaction ID: SB23.11598 Date of Disbursement 05 / 05 / 2011 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JEANNE SHAHEEN Mailing Address 105 N STATE STREET City CONCORD State NH Zip Code 03301 Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name JEANNE SHAHEEN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 00	Transaction ID: SB23.11605 Date of Disbursement 05 / 24 / 2011 Amount of Each Disbursement this Period 200.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE City CARMEL State NY Zip Code 10512 Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name NAN HAYWORTH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 19	Transaction ID: SB23.11578 Date of Disbursement 03 / 11 / 2011 Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	2200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) JANE CORWIN FOR CONGRESS	Transaction ID: SB23.11616 Date of Disbursement
	Mailing Address PO BOX 15385	<input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ROCHESTER State NY Zip Code 14615	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JANE CORWIN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

B.	Full Name (Last, First, Middle Initial) JANE CORWIN FOR CONGRESS	Transaction ID: SB23.11620 Date of Disbursement
	Mailing Address PO BOX 15385	<input type="text" value="05"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ROCHESTER State NY Zip Code 14615	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JANE CORWIN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General

C.	Full Name (Last, First, Middle Initial) MICHAEL GRIMM FOR CONGRESS	Transaction ID: SB23.11608 Date of Disbursement
	Mailing Address 560 9TH STREET	<input type="text" value="06"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City BROOKLYN State NY Zip Code 11215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name MICHAEL GRIMM	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.11584 Date of Disbursement
	Mailing Address 320 FIRST STREET SE	<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	Transaction ID: SB23.11611 Date of Disbursement
	Mailing Address 320 FIRST STREET SE	<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) NELSON 2012	Transaction ID: SB23.11589 Date of Disbursement
	Mailing Address PO BOX 8666	<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
	City OMAHA State NE Zip Code 68108	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name E BENJAMIN NELSON	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NE District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

<p>A. Full Name (Last, First, Middle Initial) NEXT CENTURY FUND</p> <p>Mailing Address 116 S ROYAL STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name RICHARD BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00</p>	<p>Transaction ID: SB23.11602 Date of Disbursement: 05 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) RICHARD HANNA FOR CONGRESS COMMITTEE</p> <p>Mailing Address 2308 GENESEE STREET</p> <p>City UTICA State NY Zip Code 13502</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name RICHARD HANNA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 24</p>	<p>Transaction ID: SB23.11569 Date of Disbursement: 01 / 21 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE</p> <p>Mailing Address P.O. BOX 395</p> <p>City WRENTHAM State MA Zip Code 02903</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name SCOTT P BROWN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 00</p>	<p>Transaction ID: SB23.11593 Date of Disbursement: 04 / 26 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A.

Full Name (Last, First, Middle Initial)
TOM REED FOR CONGRESS

Mailing Address 99 W 1ST STREET

City CORNING State NY Zip Code 14830

Purpose of Disbursement
Contribution

Candidate Name
THOMAS W II REED

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.11572

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

24700.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 83 / 83
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks	Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572	
City State ZIP Code Cincinnati OH 45274	

Outstanding Balance Beginning This Period 145.00	Transaction ID: SD10.4163	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 145.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done	Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street	
City State ZIP Code Schenectady NY 12305	

Outstanding Balance Beginning This Period 338.00	Transaction ID: SD10.4165	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

1) SUBTOTALS This Period This Page (optional).....	483.00
2) TOTALS This Period (last page this line number only).....	483.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	483.00