FEC FORM 3X	AN	EPORT O ND DISBU Other Than A	JRSEM	ENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		E FEC MAILING LA TYPE OR PRINT		ample:If typing er the lines	, type			
	nc. Federal PA	C						
ADDRESS (number and	street)	25 State Street						
Check if differ than previousl reported. (ACC		Schenectady					12305 -	
2. FEC IDENTIFICAT	ION NUMBER	* ₩	CITY 🛋		S	STATE	ZIPCO	DE 🔺
C00431429	• • • •		3. IS THIS REPORT		NEW N) OR	AM (A)		
July 15QuarterlyOctoberQuarterlyJanuary 3QuarterlyJuly 31 MReport(NYear Only	orts: Report(Q1) Report(Q2) I5 Report(Q3) B1 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -Elec Report for (d) 30-Day Post -Ele Report for	the: Election on		12C)	Sep	2G) in the State o	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
(TER)			Election on				in the State o	f
5. Covering Period	01	01 20		through	06	30	2011	
I certify that I have exam Type or Print Name of T Signature of Treasurer		Mr. Frank Fanshav		and belief it is		and complete.	28	2011
NOTE : Submission of f	alse, erroneous	s, or incomplete info	ormation may s	bject the pers	on signing this	s Report to the	penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 12/200	

Image# 11932092486

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)		OF RECEIPTS AND DISBURSEMENTS	Page 2	
۷	Vrite or Type Committee Name MVP Health Care Inc. Federal PAC			
F	Report Covering the Period: From:		x 0 6 0 0 2 0 1 1	
		COLUMN A This Period	COLUMN B Calendar Year-to-Date	
6.	(a) Cash on Hand January 1 2011 ^{Y Y Y}		45485.34	
	(b) Cash on Hand at Begining 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	
3.	Cash on Hand at Close of			
	Reporting Period (subtract Line 7 from Line 6(d))	43035.34	43035.34	
).	Debts and Obligations owed TO			
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00		
0.	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

FE6AN026

Image#	11	9320	92487
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DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee Name MVP Health Care Inc. Federal PAC м м 01 01 мм 06 30 D 2011 D 2011 To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10265.00 10265.00 (i) Itemized (use Schedule A) 11985.00 11985.00 (ii) Unitemized (iii) TOTAL (add 22250.00 22250.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 22250.00 22250.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 22250.00 22250.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 22250.00 22250.00 (subtract Line 18(c) from Line 19)

FE6AN026

Image# 11932092488

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	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
	Transfers to Affiliated/Other Party Committees Contributions to	0.00	0.00
-	Federal Candidates/Committeesand Other Political Committees	24700.00	24700.00
	Independent Expenditure (use Schedule E)	0.00	0.00
э.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
8.	(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
9.	Other Disbursements	0.00	0.00
0.	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
81.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24700.00	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

Image# 11932092489

DETAILED SUMMARY PAGE

of Disbursements

	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

FE6AN026

		-
SCHEDULE A (FEC F	orm 3X)	FOR LINE NUMBER: PAGE 6/83
•		(check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such	Reports and Statements may not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other	than using the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu		
MVP Health Care Inc. Fed	,	
Full Name (Last, First, Middle In	nitial)	
Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Dri	ive	M M / D D / Y Y Y
		01 28 2011
City	State Zip Code	Transaction ID: SA11AI.11566
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	400.00
Name of Employer MVP Service Corp	Occupation	
· · · · · · · · · · · · · · · · · · ·	VP, Sales Ops	
Receipt For:	Aggregate Year-to-Date ▼	
Primary Genera		
Other (specify) 🔻	430.00	
Full Name (Last, First, Middle Ir	nitial)	
Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly	Court	M M / D D / Y Y Y Y
		06 02 2011
City	State Zip Code	Transaction ID: SA11AI.10293
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing		00.00
federal political committee.	C	20.00
Name of Employer MVP	Occupation	
	Administrative	
	Aggregate Year-to-Date 🔻	
Receipt For:		
Primary General	al Filipi i i i i i i i i	
Primary Genera Other (specify) ▼	al 220.00	
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In	al 220.00	
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown	al 220.00	Date of Receipt
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In	al 220.00	M M / D D / Y Y Y Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly	al 220.00	M M / D D / Y Y Y Y 06 / 16 / 2011
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City	al 220.00	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly	al 220.00	M M / D D / Y Y Y Y 06 / 16 / 2011
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing	al 220.00	M M M D D P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar	al 220.00 Initial) Court State Zip Code NY 12054	M M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y </td
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee.	al 220.00	M M M D D P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Genera Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing	al 220.00 Initial) Court State Zip Code NY 12054 C Occupation	M M M D D P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP	al 220.00 Initial) Court State Zip Code NY 12054 C Occupation Administrative	M M M / D D / Y Y Y Y Y 0 6 1 6 2 0 1 1 Transaction ID: SA11AI.10294 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	al 220.00 Initial) ⁷ Court ⁷ Court ⁷ Court ⁷ Court ⁷ Court ⁷ Code NY 12054 ⁷ Cocupation Administrative Aggregate Year-to-Date ▼	M M M / D D / Y Y Y Y 0 6 1 6 2 0 1 1 Transaction ID: SA11AI.10294 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	al 220.00 Initial) ⁷ Court ⁷ Court ⁷ Court ⁷ Court ⁷ Court ⁷ Code NY 12054 ⁷ Cocupation Administrative Aggregate Year-to-Date ▼	M M M / D D / Y Y Y Y 0 6 1 6 2 0 1 1 Transaction ID: SA11AI.10294 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	al 220.00 Initial) Court State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼	M M M D D P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	al 220.00 Initial) Court State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼	M M M / D D / Y Y Y Y 0 6 1 6 2 0 1 1 Transaction ID: SA11AI.10294 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle In Sue Ann Brown Mailing Address 9 Wembly City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	al 220.00 Initial) Court State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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	SCHEDULE A (FEC Form 3X)		Use separate scl	nedule(s)	FOR LINE NUMBER: PAGE 7 / 83 (check only one)
	ITEMIZED RECEIPTS		for each category of the		X 11a 11b 11c 12
			Detailed Summa	y Page	
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	/ not be sold or used dress of any political	by any persor committee to s	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)				
	MVP Health Care Inc. Federal PAC				
Α.	Full Name (Last, First, Middle Initial) Sue Ann Brown				Date of Receipt
	Mailing Address 9 Wembly Court				0 6 / D D / Y Y Y Y 2 0 1 1
	City	State	Zip Code		Transaction ID: SA11AI.10295
	Delmar	NY	12054		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			20.00
	Name of Employer MVP	Occupation Administ			
	Receipt For:		Year-to-Date V		1
	Primary General		1 1 1 1		
	Other (specify) ▼		0 0 0 0	260.00	
в.	Full Name (Last, First, Middle Initial) Carl Cameron				Date of Receipt
	Mailing Address 285 Willowcrest Drive				0 4 / D D / Y Y Y Y 0 2 0 1 1
	City	State	Zip Code		Transaction ID: SA11AI.10302
	Rochester	NY	14618		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			30.00
	Name of Employer MVP	Occupation VP Medic	n cal Director		
	Receipt For:	Aggregate	Year-to-Date 🔻		_
	Primary General			010.00	
	Other (specify)	0 0 0 0	210.00		
C.	Full Name (Last, First, Middle Initial) Carl Cameron				Date of Receipt
	Mailing Address 285 Willowcrest Drive				0 4 / D D / Y Y Y Y 2 1 2 0 1 1
	City	State	Zip Code		Transaction ID: SA11AI.10303
	Rochester	NY	14618		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			0.00
	Name of Employer MVP	Occupation VP Medic	n cal Director]
	Receipt For:	Aggregate	Year-to-Date 🔻		
	Other (specify)			210.00	
	SUBTOTAL of Receipts This Page (optional)			····· Þ	50.00
	TOTAL This Period (last page this line number of	only)		►	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate for each cate Detailed Sum	gory of the mary Page	FOR LINE NUMBER: PAGE 8 / 83 (check only one) 11c X 11a 11b 11c 12 I 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or u a name and address of any politi	sed by any person cal committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
∠ A.	Full Name (Last, First, Middle Initial) Laura Davis			Date of Receipt
	Mailing Address 212 Meriline Ave.			M M / D D / Y Y Y Y 06 02 2011
	City	State Zip Code		Transaction ID: SA11AI.10366
	<u>Scotia</u>	NY 12302		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist		
	Receipt For:	Aggregate Year-to-Date ▼	,	
	Primary General Other (specify)		220.00	
В.	Full Name (Last, First, Middle Initial) Laura Davis			Date of Receipt
	Mailing Address 212 Meriline Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code		Transaction ID: SA11AI.10367
	Scotia	NY 12302		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist		
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date	240.00	
– c.	Full Name (Last, First, Middle Initial) Laura Davis			Date of Receipt
	Mailing Address 212 Meriline Ave.			M M / D D / Y Y Y Y 06 30 2011
	City	State Zip Code		Transaction ID: SA11AI.10368
	<u>Scotia</u>	NY 12302		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist		
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼	260.00	
Γ	SUBTOTAL of Receipts This Page (optional)			60.00
F	TOTAL This Period (last page this line number	only)	·····	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $9/83$ (check only one)X11a1314151617
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
		Otata	Zin Oada	03 24 2011
	City Liverpool	State NY	Zip Code 13090	Transaction ID: SA11AI.10374 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupatio Regional	n Network Director	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]
- В.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
				04 07 2011
	City	State	Zip Code	Transaction ID: SA11AI.10375
	Liverpool FEC ID number of contributing federal political committee.	C	13090	Amount of Each Receipt this Period
	Name of Employer MVP	Occupatio Regional	n Network Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	≥ Year-to-Date ▼ 280.00]
- C.	Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
	Mailing Address 7723 Majestic Drive			M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State NY	Zip Code	Transaction ID: SA11AI.10376
	Liverpool FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupatio Regional	n Network Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00]
	SUBTOTAL of Receipts This Page (optional)			120.00
ľ	TOTAL This Period (last page this line number	only)		

		r		
:	SCHEDULE A (FEC Form 3X)	lises	eparate schedule(s)	FOR LINE NUMBER: PAGE 10 / 83
	ITEMIZED RECEIPTS		ich category of the	
		Detail	ed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Г	Any information copied from such Reports and S	tatamanta may nat ba a	old or used by any perce	
	or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial)			Data of Descript
Α.	Patricia Deferio			Date of Receipt
	Mailing Address 7723 Majestic Drive			05 05 05 2011
	City	State Zip	Code	Transaction ID: SA11AI.10377
	Liverpool	NY 130		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer MVP	Occupation Regional Networ	k Director	
	Receipt For:	Aggregate Year-to-		-1
	Primary General	Aggregate real-to-		1
	Other (specify)		360.00	
				4
-	Full Name (Last, First, Middle Initial)			
В.	Patricia Deferio			Date of Receipt
	Mailing Address 7723 Majestic Drive			05 19 2011
	City	State Zip	Code	Transaction ID: SA11AI.10378
	Liverpool	NY 130		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer MVP	Occupation Regional Networ	k Director	
	Receipt For:	Aggregate Year-to-		-
	Primary General	Aggregate rear-to-		1
	Other (specify)		400.00	
	Full Name (Last, First, Middle Initial)			
C.	Patricia Deferio			Date of Receipt
	Mailing Address 7723 Majestic Drive			0 6 0 2 Y Y Y Y 0 6 0 1 0 2 0 1 1
	City	State Zip	Code	Transaction ID: SA11AI.10379
	Liverpool	NY 130		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer	Occupation		-
	Name of Employer MVP	Regional Networ	k Director	
	Receipt For:	Aggregate Year-to-		-1
	Primary General	, iggi ogulo i our to-		1
	Other (specify)		440.00	
_				
Γ				
	SUBTOTAL of Receipts This Page (optional)		••••••	120.00
ľ				
	TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 11 / 83
		Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any per	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	name and address of any political committee	to solicit contributions from such committee.
$ \rangle$			
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10380
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation	
		Regional Network Director	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	480.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		0 6 3 0 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.10381
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	520.00	
	Full Name (Last, First, Middle Initial)		
	Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		03 24 Y Y Y Y 03 24 2011
	City	State Zip Code	Transaction ID: SA11AI.10409
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	240.00	
	Other (specify)		
_			

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Statomento	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 83 (check only one) 11a X 11a 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	> MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			0 4 / 0 7 / Y Y Y Y 0 4 / 0 7 / 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.10410
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation Treasure		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	280.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10411
	<u>Schenectady</u>	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify)		320.00	
– C.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	<u> </u>		Date of Receipt
	Mailing Address 430 Ridgehill Road			05 / Y Y Y Y 05 / 05 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.10412
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation Treasure		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	_
	Other (specify) ▼		360.00	
Γ	SUBTOTAL of Receipts This Page (optional)			120.00
	TOTAL This Period (last page this line number		•	

HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC ull Name (Last, First, Middle Initial)	for De Statements may not b	se separate schedule(s) r each category of the etailed Summary Page be sold or used by any perso of any political committee to	FOR LINE NUMBER: PAGE 13 / 83 (check only one) 11a X 11a 11b 13 14 15 16 11 n for the purpose of soliciting contributions solicit contributions from such committee. 11 11 12
information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	De Statements may not b	etailed Summary Page	n for the purpose of soliciting contributions
r commercial purposes, other than using the AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	Statements may not b e name and address	be sold or used by any perso of any political committee to	n for the purpose of soliciting contributions
IVP Health Care Inc. Federal PAC			
ull Name (Last, First, Middle Initial)			
Ir. Frank Fanshawe			Date of Receipt
lailing Address 430 Ridgehill Road	M M / D D / Y Y Y Y 05 / 19 / 2011		
,		Zip Code	Transaction ID: SA11AI.10413
Schenectady	NY	12303	Amount of Each Receipt this Period
ederal political committee.	C		40.00
lame of Employer IVP	Occupation Treasurer		
leceipt For:	1	-to-Date 🔻	
Primary General Other (specify) v		400.00	
ull Name (Last, First, Middle Initial)		V V V	
Ir. Frank Fanshawe			Date of Receipt
Mailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y 06 02 2011
•		Zip Code	Transaction ID: SA11AI.10414
-	NY	12303	Amount of Each Receipt this Period
	C		40.00
lame of Employer IVP	Occupation Treasurer		7
	Aggregate Year	-to-Date 🔻	
Primary General Other (specify)		440.00	
	1		Date of Receipt
lailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y 06 16 2011
•		Zip Code	Transaction ID: SA11AI.10415
Schenectady	NY	12303	Amount of Each Receipt this Period
	C		40.00
ame of Employer IVP	Occupation Treasurer		
	Aggregate Year	-to-Date 🔻	
Primary General Other (specify) ▼		480.00	
PTOTAL of Descipto This Dass (anti	1		120.00
	Other (specify) Other (specify) Iull Name (Last, First, Middle Initial) Mailing Address 430 Ridgehill Road Schenectady EC ID number of contributing aderal political committee. Iame of Employer MVP Receipt For: Primary General Other (specify) Will Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road Schenectady EC ID number of contributing address 430 Ridgehill Road Schenectady EC ID number of contributing address 430 Ridgehill Road Schenectady EC ID number of contributing address 430 Ridgehill Road Schenectady EC ID number of contributing address 430 Ridgehill Road Schenectady EC ID number of contributing address 430 Ridgehill Road Schenectady EC ID number of contributing aderal political committee. Iame of Employer MVP Brottal of Receipts This Page (optional) .	Schenectady NY EC ID number of contributing aderal political committee. C Iame of Employer Occupation Treasurer Aggregate Year Aggregate Year Primary General Other (specify) ▼ Image: State ull Name (Last, First, Middle Initial) Ar. Frank Fanshawe failing Address 430 Ridgehill Road Sity State Schenectady NY EC ID number of contributing ederal political committee. C Iame of Employer Occupation Treasurer Aggregate Year Occupation Treasurer Iame of Employer Occupation Treasurer Iame of Last, First, Middle Initial) Ar. Frank Fanshawe Ialling Address 430 Ridgehill Road Schenectady NY EC ID number of contributing ederal political committee. Aggregate Year Iailing Address 430 Ridgehill Road Schenectady NY EC ID number of contributing ederal political committee. C Iailing Address 430 Ridgehill Road State Z Schenectady NY EC ID number of contributing ederal political committee. Iailing Address 430 Ridgehill Road State Z Schenectady NY EC ID number of contributing ederal political committee. Iame of Employ	Schenectady NY 12303 EC ID number of contributing aderal political committee. C Iame of Employer Occupation MP Treasurer Aggregate Year-to-Date ▼ Primary General Other (specify) ♥ 400.00 ull Name (Last, First, Middle Initial) tr. Frank Fanshawe tailing Address tailing Address 430 Ridgehill Road ity Schenectady NY 12303 C C C C C C C C C C C C C C C C C C C C Aggregate Year-to-Date V C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C C

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $14/83$ (check only one)X11a11b1314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.10416
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupatio Treasure		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00]
в.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place			02 24 2011
	City	State	Zip Code	Transaction ID: SA11AI.10456
	<u>Slingerlands</u>	NY	12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP, CF		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 240.00]
с.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10457
	Slingerlands FEC ID number of contributing federal political committee.	NY C	12159	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP, CF		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00]
	SUBTOTAL of Receipts This Page (optional)			160.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	
1	Any information copied from such Reports and S	Statements may not be sold or used by a	any person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and address of any political com	mittee to solicit contributions from such committee.
Z	, Full Name (Last, First, Middle Initial)		
	Mark Fish Mailing Address 500 Normanskill Place	3	Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.10458
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP, CFO	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	360	.00
. –	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place	3	0 4 / D D / Y Y Y Y 0 4 0 7 / 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.10459
	Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP, CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 420	.00
_	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place	3	0 4 2 1 2 0 1 1
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.10460 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP, CFO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 480	.00
Γ	SUBTOTAL of Receipts This Page (optional)		180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 83 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers lress of any political committee t	13 14 15 16 1 con for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) WVP Health Care Inc. Federal PAC			
⊻ 4.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place	e		05 / 05 / Y Y Y 011 / 05 / 2011
	City	State	Zip Code	Transaction ID: SA11AI.10461
	Slingerlands	NY	12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP, CFC		
	Receipt For:	Aggregate	Year-to-Date 🔻	_
	Other (specify)		540.00	
	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place	e		M M / D D / Y Y Y Y 05 19 2011
	City	State	Zip Code	Transaction ID: SA11AI.10462
	Slingerlands	NY	12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP, CF0		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 600.00	
-	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
-	Mailing Address 500 Normanskill Place	е		0 6 0 2 2 0 1 1
	City Oliverada	State	Zip Code	Transaction ID: SA11AI.10463
	Slingerlands FEC ID number of contributing federal political committee.	C	12159	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP, CF0		
	Receipt For: Primary General Other (specify) ▼	·	Year-to-Date 660.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		180.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 83 (check only one) X X 11a 11b 11c 12			
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC					
Full Name (Last, First, Middle Initial) Mark Fish					
Mailing Address 500 Normanskill Plac	e	M M / D D / Y Y Y Y 06 16 2011			
City	State Zip Code	Transaction ID: SA11AI.10464			
Slingerlands	NY 12159	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	60.00			
Name of Employer MVP	Occupation EVP, CFO				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	720.00				
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt			
Mailing Address 500 Normanskill Plac		M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.10465			
Slingerlands	NY 12159	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	60.00			
Name of Employer MVP	Occupation EVP, CFO				
Receipt For:	Aggregate Year-to-Date				
Primary General Other (specify)	780.00				
Full Name (Last, First, Middle Initial) John Gajewski		Date of Receipt			
Mailing Address 166 Jordan Blvd		M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: SA11AI.10502			
Delmar	NY 12054	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	20.00			
Name of Employer MVP Health Care	Occupation Director EPMO				
Receipt For:	Aggregate Year-to-Date				
Primary General Other (specify) ▼	220.00				
SUBTOTAL of Receipts This Page (optional).	L	140.00			
TOTAL This Period (last page this line numbe	-				

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9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/83
1	TEMIZED RECEIPTS		for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions
	MVP Health Care Inc. Federal PAC			
∠ A.	Full Name (Last, First, Middle Initial) John Gajewski			Date of Receipt
	Mailing Address 166 Jordan Blvd	0 6 1 7 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.10503
	Delmar	NY	12054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP Health Care	Occupation Director E		
	Receipt For:		Year-to-Date V	-1
	Primary General	. iggi oguio		
	Other (specify)		240.00	
3.	Full Name (Last, First, Middle Initial) Dominic Galante	•		Date of Receipt
	Mailing Address 220 Alexander Street			0 4 0 7 Y Y Y Y 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.10510
	Rochester	NY	14607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Health Care	Occupation VP Medic	al Quality Management	
	Receipt For:	1 1	Year-to-Date V	
	Primary General	, igg. oguto		-
	Other (specify)		210.00	
-	Full Name (Last, First, Middle Initial) Dominic Galante			Date of Receipt
-	Mailing Address 220 Alexander Street			0 4 2 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.10511
	Rochester	NY	14607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Health Care	Occupation VP Medic	al Quality Management	
	Receipt For:		Year-to-Date V	-1
	Primary General	33 - 9		
	Other (specify)	0.0	240.00	
-				
	SUBTOTAL of Receipts This Page (optional)			80.00
┢				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statemente moi	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 83 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dominic Galante			Date of Receipt
	Mailing Address 220 Alexander Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10512
	Rochester FEC ID number of contributing federal political committee.	NY C	14607	Amount of Each Receipt this Period
	Name of Employer MVP Health Care	Occupation	1	
			cal Quality Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 270.00	
В.	Full Name (Last, First, Middle Initial) Dominic Galante			Date of Receipt
	Mailing Address 220 Alexander Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10513
	Rochester FEC ID number of contributing federal political committee.	C	14607	Amount of Each Receipt this Period
	Name of Employer MVP Health Care	Occupation VP Medic	n cal Quality Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 300.00]
с.	Full Name (Last, First, Middle Initial) Dominic Galante			Date of Receipt
	Mailing Address 220 Alexander Street			0 6 / D D / Y Y Y Y 0 2 2 0 1 1
	City Rochester	State NY	Zip Code 14607	Transaction ID: SA11AI.10514 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Health Care	Occupation VP Medic	n cal Quality Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 330.00	
	SUBTOTAL of Receipts This Page (optional)			90.00
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 20 / 83 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St	Detailed Summary Page atements may not be sold or used by any perso	13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial)		
Α.	Dominic Galante Mailing Address 220 Alexander Street		Date of Receipt
	City	State Zip Code	0 6 1 6 2 0 1 1 Transaction ID: SA11AI.10515
	Rochester	NY 14607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify) ▼	360.00]
в.	Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
	Mailing Address 220 Alexander Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10516
	Rochester	NY 14607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	390.00	
с.	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
	Mailing Address 75 Robinwood Drive		M M / D D / Y Y Y Y 06 / 02 / 2011
	City <u>Clifton Park</u>	State Zip Code NY 12065	Transaction ID: SA11AI.10551
	FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.		20.00
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	220.00	
	SUBTOTAL of Receipts This Page (optional)		80.00
	TOTAL This Period (last page this line number of		

c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 21 / 83
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	I EMIZED RECEIPIS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
	Mailing Address 75 Robinwood Drive	M + M / D + D / Y + Y + Y Y 06 16 2011 1	
	City	State Zip Code	Transaction ID: SA11AI.10552
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00]
– B.	Full Name (Last, First, Middle Initial) Bill Geddings	1	Date of Receipt
	Mailing Address 75 Robinwood Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10553
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	260.00]
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road	3	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10568
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	240.00]
Г			120.00

	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) X X 11a 11b 11c 12
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		0 2 2 4 Y Y Y Y 2 4 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.10569
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	320.00]
- B.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		M · M / D · D Y Y · Y Y · Y Y Y · Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10570
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	400.00]
- C.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		03 / 24 / Y Y Y Y 2011
	City	State Zip Code	Transaction ID: SA11AI.10571
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00]
ſ	SUBTOTAL of Receipts This Page (optional)		240.00
	TOTAL This Period (last page this line number of		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 23 / 83 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	tatements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		04 07 YYYY 2011
	City	State Zip Code	Transaction ID: SA11AI.10572
•	Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 80.00
-	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 560.00	
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		0 4 2 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10573
•	Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	·
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		M M / D D / Y Y Y Y 05 05 2011
	City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.10574
•	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	1 1
61	IRTOTAL of Receipts This Page (optional)		240.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 83 (check only one) X 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
or for commerci	copied from such Reports and S al purposes, other than using the OMMITTEE (In Full) ch Care Inc. Federal PAC	Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. Patrick Glave Mailing Addr City Rochester FEC ID num	ess 165 Windemere Road ber of contributing cal committee. ployer	State NY C Occupation VP, Medi	Zip Code 14610 n iccare Products e Year-to-Date V	Date of Receipt
B. Full Name (L Patrick Glave Mailing Addr City Rochester FEC ID num federal politic Name of Em MVP Receipt For:	(specify) ▼ ast, First, Middle Initial) y ess 165 Windemere Road ber of contributing cal committee. ployer	State NY C Occupation VP, Medi	Zip Code 14610 n iccare Products e Year-to-Date ▼ 880.00	Date of Receipt 0 6 / 0 2 / 2 0 1 1 Transaction ID: SA11AI.10576 Amount of Each Receipt this Period 80.00
C. Patrick Glave Mailing Addr City Rochester FEC ID num federal polition Name of Em MVP Receipt For: Primar	ess 165 Windemere Road ber of contributing cal committee. ployer	State NY C Occupation VP, Medi	Zip Code 14610 n icare Products e 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
	Receipts This Page (optional)			240.00

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 25 / 83
		Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	
Γ	Any information copied from such Reports and Si	atements may not be sold or used by any porce	13 14 15 16 17
	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	0 6 / ^D D / <u>Y Y Y Y</u> 0 6 / <u>3 0</u> / <u>2 0 1 1</u>	
	City	State Zip Code	Transaction ID: SA11AI.10578
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation	-
	Receipt For:	VP, Medicare Products	
	Primary General	Aggregate Year-to-Date	1
	Other (specify) v	1040.00	
- В.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
υ.	Mailing Address 803 Via Marchella		
	City	State Zip Code	Transaction ID: SA11AI.10581
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00]
- C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		
	City	State Zip Code	Transaction ID: SA11AI.10582
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	280.00	
ſ			220.00
	SUBTOTAL of Receipts This Page (optional)	•••••	
	TOTAL This Period (last page this line number of	only)	

	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) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	03 / D D / Y Y Y Y 03 / 10 / 2011	
	City	State Zip Code	Transaction ID: SA11AI.10583
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	350.00]
В.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	03 / 24 / Y Y Y Y 2011	
	City	State Zip Code	Transaction ID: SA11AI.10584
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	420.00	
с.	Full Name (Last, First, Middle Initial) Denise Gonick	I	Date of Receipt
	Mailing Address 803 Via Marchella		04 / 07 / Y Y Y Y 04 107 2011
	City	State Zip Code	Transaction ID: SA11AI.10585
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00]
	SUBTOTAL of Receipts This Page (optional)		210.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 83 (check only one)	
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 10 \\ \hline 17 \\ \hline 10 \\ \hline 11 \\ \hline 11 \\ \hline 11 \\ \hline 12 \\ \hline 12 \\ \hline 13 \\ \hline 11 \\ 11 \\ \hline 11$	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt		
	Mailing Address 803 Via Marchella	04 / D D / Y Y Y Y 2011		
	City	State Zip Code	Transaction ID: SA11AI.10586	
	Schenectady	NY 12303	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	70.00	
	Name of Employer MVP	Occupation EVP & Chief Legal Officer		
	Receipt For:	Aggregate Year-to-Date ▼	_	
	Other (specify) ▼	560.00		
В.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt	
	Mailing Address 803 Via Marchella	0 4 / D D / Y Y Y Y 2 1 2 0 1 1		
	City	State Zip Code	Transaction ID: SA11AI.10587	
	Schenectady	NY 12303	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	70.00	
	Name of Employer MVP	Occupation EVP & Chief Legal Officer		
	Receipt For:	Aggregate Year-to-Date 🔻		
	Other (specify)	630.00		
C.	Full Name (Last, First, Middle Initial) Denise Gonick			
	Mailing Address 803 Via Marchella	M = M / D = D / Y = Y = Y Y 0 5 0 5 2 0 1 1		
	City	State Zip Code	Transaction ID: SA11AI.10588	
	Schenectady FEC ID number of contributing	NY 12303	Amount of Each Receipt this Period	
	federal political committee.		70.00	
	Name of Employer MVP	Occupation EVP & Chief Legal Officer		
	Receipt For: Primary General	Aggregate Year-to-Date 🔻		
	Other (specify) ▼	700.00		
	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	210.00	
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 83 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	rson for the purpose of soliciting contributions 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	Date of Receipt	
	Mailing Address 803 Via Marchella	05 / 19 / Y Y Y Y 05 / 19	
	City	State Zip Code	Transaction ID: SA11AI.10589
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	
- В.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	06 02 Y Y Y Y 2011	
	City	State Zip Code	Transaction ID: SA11AI.10590
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
– C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		0 6 / D D / Y Y Y Y 0 6 1 6 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.10591
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	
ſ	SUBTOTAL of Receipts This Page (optional)		▶ 210.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 83 (check only one) 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt	
	Mailing Address 803 Via Marchella	0 6 3 0 Y Y Y Y 2 0 1 1	
	City	State Zip Code	Transaction ID: SA11AI.10592
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	980.00	
- B.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.10622
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00]
- C.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
-	Mailing Address 144 Berry Road		M M / D D / Y Y Y Y 0 2 2 4 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.10623
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00]
Γ	SUBTOTAL of Receipts This Page (optional) .		230.00

	1					
SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 83 (check only one)				
ITEMIZED RECEIPTS	for each category of the					
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information conied from such Poperts and	Statements may not be sold or used by any person					
or for commercial purposes, other than using th	e name and address of any political committee to s	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)						
MVP Health Care Inc. Federal PAC						
Full Name (Last, First, Middle Initial)						
Christopher Henchey	Date of Receipt					
Mailing Address 144 Berry Road	03 10 Y Y Y Y 03 10 2011					
City	State Zip Code	Transaction ID: SA11AI.10635				
Loudon	NH 03307	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.		80.00				
Name of Employer MVP	Occupation Vice President					
Receipt For:		-				
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	400.00					
Full Name (Last, First, Middle Initial)	•					
Christopher Henchey		Date of Receipt				
Mailing Address 144 Berry Road		03 24 2011				
City	State Zip Code	Transaction ID: SA11AI.10624				
Loudon	NH 03307	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	80.00					
Name of Employer MVP	Occupation Vice President					
Receipt For:		_				
Primary General	Aggregate Year-to-Date					
Other (specify)	480.00					
Full Name (Last, First, Middle Initial)	•					
Christopher Henchey		Date of Receipt				
Mailing Address 144 Berry Road		04 07 2011				
City	State Zip Code	Transaction ID: SA11AI.10625				
Loudon	NH 03307	Amount of Each Receipt this Period				
FEC ID number of contributing						
federal political committee.	C	80.00				
Name of Employer	Name of Employer Occupation					
Receipt For:	Vice President Aggregate Year-to-Date ▼	4				
Primary General						
Other (specify)	560.00					
SUBTOTAL of Receipts This Page (optional) .	·····	240.00				
	r only)					

	I		
SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 83	
ITEMIZED RECEIPTS	for each category of the	(check only one)	
	Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports and	d Statements may not be sold or used by any person he name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee	
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial)			
Christopher Henchey		Date of Receipt	
Mailing Address 144 Berry Road	M M / D D / Y Y Y		
		04 21 2011	
City	State Zip Code	Transaction ID: SA11AI.10626	
Loudon	NH 03307	Amount of Each Receipt this Period	
FEC ID number of contributing		80.00	
federal political committee.	C	80:00	
Name of Employer	Occupation		
Name of Employer MVP	Occupation Vice President		
Receipt For:		-1	
Primary General	Aggregate Year-to-Date ▼		
Other (specify)	640.00		
Full Name (Last, First, Middle Initial)			
Christopher Henchey		Date of Receipt	
Mailing Address 144 Berry Road		M M / D D / Y Y Y Y	
	05 05 2011		
City	State Zip Code	Transaction ID: SA11AI.10627	
Loudon	NH 03307	Amount of Each Receipt this Period	
FEC ID number of contributing	C	80.00	
federal political committee.			
Name of Employer	Occupation	-	
Name of Employer MVP	Vice President		
Receipt For:	Aggregate Year-to-Date V	-	
Primary General			
Other (specify)	720.00		
Full Name (Last, First, Middle Initial)	•		
Christopher Henchey		Date of Receipt	
Mailing Address 144 Berry Road		05 / Y Y Y Y 05 19 2011	
	State Zin Code	handred handred handred	
City	State Zip Code	Transaction ID: SA11AI.10628	
Loudon	NH 03307	Amount of Each Receipt this Period	
FEC ID number of contributing	C	80.00	
federal political committee.			
Name of Employer MVP	Occupation	1	
MVP	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General			
Other (specify) 🔻	800.00		
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	240.00	

	•		
SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 83	
ITEMIZED RECEIPTS	for each category of the	(check only one)	
	Detailed Summary Page	X 11a 11b 11c 12	
		13 14 15 16 17	
Any information copied from such Reports an	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions	
	the name and address of any political committee to s		
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial)			
Christopher Henchey	Date of Receipt		
Mailing Address 144 Berry Road	06 02 2011		
City	State Zip Code	Transaction ID: SA11AI.10629	
Loudon	NH 03307	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.		80.00	
Name of Employer MVP	Occupation	-	
MVP	Vice President	_	
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	880.00		
Other (specify)			
Full Name (Last, First, Middle Initial)			
Christopher Henchey		Date of Receipt	
Mailing Address 144 Berry Road	06 / D D / Y Y Y Y 06 16 2011		
City	State Zip Code	Transaction ID: SA11AI.10630	
Loudon	NH 03307	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.		80.00	
Name of Employer MVP	Occupation	-	
MVP	Vice President		
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General			
Other (specify) v	960.00		
Full Name (Last, First, Middle Initial)			
Christopher Henchey		Date of Receipt	
Mailing Address 144 Berry Road		06 / D D / Y Y Y Y 02011	
City	State Zip Code	Transaction ID: SA11AI.10631	
Loudon	NH 03307	Amount of Each Receipt this Period	
FEC ID number of contributing			
federal political committee.		80.00	
Name of Employer MVP	Occupation	1	
	Vice President	_	
Receipt For:	Aggregate Year-to-Date 🔻		
Primary General	1040.00		
Other (specify)			
SUBTOTAL of Receipts This Page (optiona)	240.00	
	`		
TOTAL This Period (last page this line num	per only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	tatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 83 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)			
Α.	David Henderson Mailing Address 1 Loudon Heights	Date of Receipt		
	City State Zip Code			
	Loudonville	NY	12211	Transaction ID: SA11AI.10636 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupatio EVP, Sa	n les and Marketing	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 240.00	
B.	Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
	Mailing Address 1 Loudon Heights	03 / D D / Y Y Y Y 25 / 2011		
	City	State	Zip Code	Transaction ID: SA11AI.10637
	Loudonville FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer MVP	Occupatio EVP, Sa	n les and Marketing	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 300.00]
С.	Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
	Mailing Address 1 Loudon Heights			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10638
	Loudonville FEC ID number of contributing federal political committee.	NY C	12211	Amount of Each Receipt this Period
	Name of Employer MVP	Occupatio EVP, Sa	n les and Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 360.00]
	SUBTOTAL of Receipts This Page (optional)		······	180.00
	TOTAL This Period (last page this line number	only)		

		Г		FOR LINE NUMBER: PAGE 34/83
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers ress of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) David Henderson	Date of Receipt		
	Mailing Address 1 Loudon Heights	M M / D D / Y Y Y Y Y 04 22 2011		
	City	Transaction ID: SA11AI.10639		
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP, Sale	es and Marketing	
	Receipt For:	+ !	Year-to-Date V	—
	Primary General	riggrogato		
	Other (specify)	0 0	420.00	
- В.	Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
	Mailing Address 1 Loudon Heights	05 06 Y Y Y Y Y 05 06 2011		
	City	Transaction ID: SA11AI.10640		
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP, Sale	es and Marketing	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		480.00	
- C.	Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
0.	Mailing Address 1 Loudon Heights	0 5 2 0 2 0 1 1		
	City	State	Zip Code	Transaction ID: SA11AI.10641
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP			
	Receipt For:	1 · ·	es and Marketing Year-to-Date V	
	Primary General Other (specify) ▼	0 0	540.00	
[SUBTOTAL of Receipts This Page (optional)	1		180.00
ŀ				
	TOTAL This Period (last page this line number	only)		L

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	SCHEDULE A (FEC Form 3X)	ι ι	Jse separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 83 (check only one)
	TEMIZED RECEIPTS		or each category of the	
-		[Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Г	Any information copied from such Reports and S	Statements may not	be cold or used by any pare	
	or for commercial purposes, other than using the	e name and address	s of any political committee to	or for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
۹.	Full Name (Last, First, Middle Initial) David Henderson	Date of Receipt		
	Mailing Address 1 Loudon Heights	M M / D D / Y Y Y Y		
	City	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.10642		
	Loudonville	State NY	Zip Code 12211	
			12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation		-
		EVP, Sales a	and Marketing	_
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	_
	Primary General Other (specify) ▼		600.00	
	Other (specify) \blacklozenge	1		
- 3.	Full Name (Last, First, Middle Initial) David Henderson	•		Date of Receipt
	Mailing Address 1 Loudon Heights	M M / D D / Y Y Y Y		
		06 17 2011		
	City	Zip Code	Transaction ID: SA11AI.10643	
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation		
		EVP, Sales a	and Marketing	
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Other (specify)		660.00	
		0 0 0	0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			Date of Receipt
	Allen Hinkle Mailing Address 65 Jenkins Rd.			
	Maining Address 65 Jenkins Ru.			02 11 2011
	City	State	Zip Code	Transaction ID: SA11AI.11567
	Lebanon	NH	03766	Amount of Each Receipt this Period
	FEC ID number of contributing	^		1000.00
	federal political committee.			
	Name of Employer MVP Health Care	Occupation		1
	MVP Health Care	Chief Medica	al Officer	
	Receipt For:	Aggregate Yea	ar-to-Date 🔻	
	Primary General	1 1 1	1000.00	
	Other (specify)		1000.00	
Γ		1		
	SUBTOTAL of Receipts This Page (optional)		······	1120.00
Γ				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	of the X 11a 11b 11c 12 Page X 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or used b name and address of any political co	y any person for the purpose of soliciting contributions ommittee 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		Date of Receipt
	Mailing Address 45 Crestwood Drive	M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.10680
	Schenectady	NY 12306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	2	20.00
В.	Full Name (Last, First, Middle Initial) Rosemarie Hogan	Date of Receipt	
	Mailing Address 45 Crestwood Drive	M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.10681
	Schenectady	NY 12306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	24	40.00
C.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10728
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	2	10.00
	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 37 / 83 (check only one) X X 11a 11b 11c
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		04 D D / Y Y Y Y 04 21 2011
	City	State Zip Code	Transaction ID: SA11AI.10729
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		05 05 2011
	City	State Zip Code	Transaction ID: SA11AI.10730
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	
C.	Full Name (Last, First, Middle Initial) Kevin Husted	1	Date of Receipt
	Mailing Address 38 Fox Hill Drive		05 / 19 / Y Y Y Y 05 119 2011
	City	State Zip Code	Transaction ID: SA11AI.10731
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary GeneralOther (specify) ▼	300.00	
	SUBTOTAL of Receipts This Page (optional)	·····	90.00
	TOTAL This Period (last page this line number		

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 38 / 83
		Use separate schedule(s) for each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A c	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso a name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	angle MVP Health Care Inc. Federal PAC		
م. ب	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10732
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	330.00]
	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		M M / D D / Y Y Y Y Y 06 16 2011
	City	State Zip Code	Transaction ID: SA11AI.10733
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	360.00	
;.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		M M / D D / Y Y Y Y 06 30 2011
	City	State Zip Code	Transaction ID: SA11AI.10734
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	390.00	
Г		1	90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 83 (check only one) 11c X 11a 11b 13 14 15 16 17 erson for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committe	e to solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12208	Date of Receipt 0 3 / 2 5 / 2 0 1 1 Transaction ID: SA11AI.10753 Amount of Each Receipt this Period 40.00
	Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 240.00	
В.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12208	Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.10754 Amount of Each Receipt this Period 40.00
	Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 280.00	
- C.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing	State Zip Code NY 12208	Date of Receipt M M / D D / Y Y Y Y 0 4 2 2 2 0 1 1 Transaction ID: SA11AI.10755 Amount of Each Receipt this Period 40.00
	federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Cocupation VP of Legal Affairs Aggregate Year-to-Date ▼ 320.00	
ſ	SUBTOTAL of Receipts This Page (optional)	I	120.00
Ī	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 40 / 83 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt
City Albany	State Zip Code NY 12208	05 06 2011 Transaction ID: SA11AI.10756 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		40.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 360.00]
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.10757
Albany FEC ID number of contributing federal political committee.	NY 12208	Amount of Each Receipt this Period 40.00
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00]
Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		06 03 Y Y Y Y Y 2011
City Albany	State Zip Code NY 12208	Transaction ID: SA11AI.10758 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00]
SUBTOTAL of Receipts This Page (optional	I)	120.00

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	SCHEDULE A (FEC Form 3X)		se separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 83 (check only one)
	ITEMIZED RECEIPTS		r each category of the	X 11a 11b 11c 12
	-		etailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Γ	Any information copied from such Reports and S	Statements may not h	be sold or used by any perso	
	or for commercial purposes, other than using the	e name and address	of any political committee to	solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)			
	> MVP Health Care Inc. Federal PAC			
	/			- 1
Α.	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
~ .	Mailing Address 213 Hansen Ave			
		06 17 2011		
	City	State	Zip Code	Transaction ID: SA11AI.10759
	<u>Albany</u>	NY	12208	Amount of Each Receipt this Period
	FEC ID number of contributing			40.00
	federal political committee.	C		40.00
	Name of Employer	Occupation		\neg
	Name of Employer MVP Health Care	VP of Legal A	ffairs	
	Receipt For:	Aggregate Year		-
	Primary General			1
	Other (specify)	0 0 0	480.00]]
_				
- -	Full Name (Last, First, Middle Initial)			
В.	Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			0 4 0 7 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.10843
	Highland Mills		10930	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Nome of Employer	Occupation		-
	Name of Employer MVP	Occupation VP of Mid-Hu	dson Region	
	Receipt For:	Aggregate Year	0	
	Primary General	Aggregate real		1
	Other (specify)		210.00	
~	Full Name (Last, First, Middle Initial)			Data of Despirat
C.	Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	Mailing Address 12 Sutherland Drive			0 4 2 1 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.10844
	Highland Mills	NY	10930	Amount of Each Receipt this Period
	FEC ID number of contributing			5.00
	federal political committee.	C		5.00
	Name of Employer MVP	Occupation		
	MVP	VP of Mid-Hu	dson Region	
	Receipt For:	Aggregate Year		1
	Primary General			1
	Other (specify)		215.00	
F				
				75.00
	SUBTOTAL of Receipts This Page (optional)			
Γ				
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	for each cate Detailed Sun tatements may not be sold or u	nmary Page used by any person	FOR LINE NUMBER: PAGE 42 / 83 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any polit	tical committee to a	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	City Highland Mills	State Zip Code NY 10930		Transaction ID: SA11AI.10845 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	· · ·	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Reg	jion	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	245.00	
В.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	City	State Zip Code		Transaction ID: SA11AI.10846
	Highland Mills FEC ID number of contributing federal political committee.	NY 10930	0 0 0 0	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Reg	jion	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	275.00	
С.	Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Highland Mills	State Zip Code NY 10930		Transaction ID: SA11AI.10847
	FEC ID number of contributing federal political committee.	NY 10930	· · ·	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP of Mid-Hudson Reg	jion	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	305.00	
	SUBTOTAL of Receipts This Page (optional)		····· •	90.00
Ī	TOTAL This Period (last page this line number	only)	►	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 83 (check only one)
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP	State NY C	Zip Code 10930	Date of Receipt M M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1 Transaction ID: SA11AI.10848 Amount of Each Receipt this Period 30.00
	Receipt For: Primary General Other (specify) v	1 1	d-Hudson Region Year-to-Date ▼ 335.00]
В.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	City <u>Highland Mills</u> FEC ID number of contributing federal political committee. <u>Name of Employer</u>	State NY C	Zip Code 10930	Transaction ID: SA11AI.10849 Amount of Each Receipt this Period 30.00
	MVP Receipt For: Primary General Other (specify) ▼	1 1	d-Hudson Region Year-to-Date ▼ 365.00]
С.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane	•		Date of Receipt
	City Charlotte FEC ID number of contributing federal political committee.	State VT	Zip Code 05445	Transaction ID: SA11AI.10855 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	Occupation VP Verm Aggregate		
	SUBTOTAL of Receipts This Page (optional)		I	90.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 83 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions remember of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any pointcar committee to	
A .	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City	State Zip Code	Date of Receipt 04'' 21'' 2011 Transaction ID: SA11AI.10856
	Charlotte FEC ID number of contributing federal political committee.	VT 05445	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	Occupation VP Vermont Aggregate Year-to-Date ▼ 240.00]
- В.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	City Charlotte FEC ID number of contributing federal political committee.	State Zip Code VT 05445	Transaction ID: SA11AI.10857 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp. Receipt For:	Occupation VP Vermont Aggregate Year-to-Date ▼	
_	Primary General Other (specify) ▼	270.00]
C.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	City <u>Charlotte</u> FEC ID number of contributing	State Zip Code VT 05445	Transaction ID: SA11AI.10858 Amount of Each Receipt this Period
	federal political committee.	Occupation	30.00
	Receipt For: Primary General Other (specify) ▼	VP Vermont 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 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page orts and Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 45 / 83 (check only one) 11a X 11a 11b 13 14 15 16 17 15 16 17		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	с , , , , , , , , , , , , , , , , , , ,			
A. Full Name (Last, First, Middle Initia William V. Little Mailing Address 300 Partridge		Date of Receipt		
City	City State Zip Code			
Charlotte	VT 05445	Transaction ID: SA11AI.10859 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer MVP Service Corp.	Occupation VP Vermont	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00]		
Full Name (Last, First, Middle Initia William V. Little Mailing Address 300 Partridge	,	Date of Receipt		
City	State Zip Code			
<u>Charlotte</u>	VT 05445	Transaction ID: SA11AI.10860 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		30.00		
Name of Employer MVP Service Corp.	Occupation VP Vermont	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 360.00]		
Full Name (Last, First, Middle Initia William V. Little)	Date of Receipt		
Mailing Address 300 Partridge	Lane	M M / D D / Y Y Y Y Y Y Y Y 30 1 1		
City	State Zip Code	Transaction ID: SA11AI.10861		
Charlotte FEC ID number of contributing federal political committee.	VT 05445	Amount of Each Receipt this Period		
Name of Employer MVP Service Corp.	Occupation VP Vermont	-		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00]		
SUBTOTAL of Receipts This Page (or	optional)	90.00		
	e number only)	-		

l	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 X 11a 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may r e name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
A.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
	Mailing Address 19 Crimson Way			03 / 24 / Y Y Y Y 2011
	City	State	Zip Code	Transaction ID: SA11AI.10919
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Under	writing and Analysis	_
	Receipt For:	Aggregate Y	/ear-to-Date V	
	Primary General Other (specify) ▼		240.00]
- В.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
	Mailing Address 19 Crimson Way			M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10920
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation VP, Under	writing and Analysis	
	Receipt For:	Aggregate Y	lear-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	280.00	
- C.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	1		Date of Receipt
	Mailing Address 19 Crimson Way			04 / 21 / Y Y Y Y 04 21 2011
	City	State	Zip Code	Transaction ID: SA11AI.10921
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	1 1	writing and Analysis	
	Receipt For:	Aggregate Y	lear-to-Date ▼	_
	Primary General Other (specify) ▼	0 0 0	320.00	
ſ	SUBTOTAL of Receipts This Page (optional)			120.00
ľ	TOTAL This Period (last page this line number	· only)		

[SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political comm	ittee to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	<u></u>	Otata Zia Cada	05 05 2011
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.10922 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.0	00
- B.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	City	State Zip Code	0 5 1 9 2 0 1 1 Transaction ID: SA11AI.10923
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 400.0	0
- C.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	-		06 02 2011
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.10924 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.0	00
ſ	SUBTOTAL of Receipts This Page (optional)		120.00
f	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 83 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and	Statements may not be sold or used by any pers	13 14 15 16 1 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way	06 / Y Y Y Y 06 16 2011	
	City	State Zip Code	Transaction ID: SA11AI.10925
	Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	_
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00]
	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
		06 30 2011	
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.10926 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00]
_	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		04 07 2011
	City	State Zip Code NY 12866	Transaction ID: SA11AI.10933
	Saratoga FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period
	Name of Employer MVP Health Care	Occupation VP Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Γ	SUBTOTAL of Receipts This Page (optional)		110.00

	SCHEDULE A (FEC Form 3X)			1	FOR LINE NUMBER: PAGE 49 / 83	
	· · ·		Use separate schedule(s) for each category of the		(check only one)	
	TEMIZED RECEIPTS		Detailed Summary Pag		X 11a 11b 11c 12	
Г		Oteter			13 14 15 16 17	
	Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma	y not be sold or used by an dress of any political comm	iy person hittee to s	tor the purpose of soliciting contributions olicit contributions from such committee.	
	> MVP Health Care Inc. Federal PAC					
∠ A.	Full Name (Last, First, Middle Initial) Augusta Martin					
	Mailing Address 457 Crescent Ave	M M / D D / Y Y Y Y 04 21 2011				
	City	State	Zip Code		Transaction ID: SA11AI.10934	
	Saratoga	NY	12866		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			30.00	
	Name of Employer MVP Health Care	Occupatio VP Mark				
	Receipt For:		e Year-to-Date V		1	
	Primary General	riggregati				
	Other (specify)	0 0	240.0	00		
- 3.	Full Name (Last, First, Middle Initial) Augusta Martin	1			Date of Receipt	
<i>.</i>	Mailing Address 457 Crescent Ave				05 05 2011	
	City	State	Zip Code		Transaction ID: SA11AI.10935	
	Saratoga	NY	12866		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			30.00	
	Name of Employer MVP Health Care	Occupatio VP Mark				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	270.0	00		
-).	Full Name (Last, First, Middle Initial) Augusta Martin				Date of Receipt	
	Mailing Address 457 Crescent Ave				05 19 2011	
	City	State	Zip Code		Transaction ID: SA11AI.10936	
	Saratoga	NY	12866		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			30.00	
	Name of Employer MVP Health Care	Occupatio VP Mark				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)		300.0	00		
г		0.0		0		
	SUBTOTAL of Receipts This Page (optional) .			►	90.00	
ľ	TOTAL This Period (last page this line number	r oply)		•		
		······································		•		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 50 / 83 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 11 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City	State Zip Code NY 12866	Date of Receipt $ \begin{array}{c} $
	Saratoga FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP Marketing Aggregate Year-to-Date ▼ 330.00]
- B.	Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt
	City Saratoga	State Zip Code NY 12866	Transaction ID: SA11AI.10938 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00]
- C.	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		0 6 / D D / Y Y Y Y 2 0 1 1
	City <u>Saratoga</u>	State Zip Code NY 12866	Transaction ID: SA11AI.10939 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Marketing	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00]
ſ	SUBTOTAL of Receipts This Page (optional)	······	90.00
Ī	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 83 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person a name and address of any political committee to a	n for the purpose of soliciting contributions
Z	WVP Health Care Inc. Federal PAC		1
۹.	Laurie Metheny	Date of Receipt	
	Mailing Address 21 Joellen Drive		03 / D D / Y Y Y Y 03 24 2011
	City	State Zip Code	Transaction ID: SA11AI.10958
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	-
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify)	240.00	
-	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.10959
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	280.00	
. –	Full Name (Last, First, Middle Initial) Laurie Metheny	I	Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y 04 21 2011
	City	State Zip Code	Transaction ID: SA11AI.10960
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	
Γ	SUBTOTAL of Receipts This Page (optional)	······	120.00

c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 52/83
	· · · ·	Use separate schedule for each category of the	e(s) (check only one)
I	TEMIZED RECEIPTS	Detailed Summary Pag	
Г			13 14 15 16 17
4	or for commercial purposes, other than using the	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.	
	MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Laurie Metheny	Date of Receipt	
	Mailing Address 21 Joellen Drive	05 / D D / Y Y Y Y 2011	
	City	State Zip Code	Transaction ID: SA11AI.10962
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation	
	Receipt For:	VP, Business Excellence	
	Primary General	Aggregate Year-to-Date	
	Other (specify)	360.0	
— В.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
-	Mailing Address 21 Joellen Drive		0 5 1 9 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.10963
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.0	00
– c.	Full Name (Last, First, Middle Initial)		Date of Receipt
С.	Laurie Metheny Mailing Address 21 Joellen Drive		
			06 02 2011
	City	State Zip Code	Transaction ID: SA11AI.10964
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	440.0	0
	Other (specify) ▼		
Γ	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 X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne a name and addre	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive			0 6 / 1 6 / Y Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.10965
	Rochester	NY	14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Busine	ss Excellence	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Other (specify)		480.00]
В.	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.10966
	Rochester	NY	14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Busine	ss Excellence	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify) ▼		520.00]
с.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10984
	Glenmont	NY	12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MVP	Occupation EVP, HR		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Other (specify)		250.00]
	SUBTOTAL of Receipts This Page (optional)			130.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person g the name and address of any political committee to	FOR LINE NUMBER: PAGE 54 / 83 (check only one) 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions activity for the purpose of soliciting contributions form such compilates 16 17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA		
Full Name (Last, First, Middle Initial) A. James Morrill Mailing Address 54 Henderson Road	ad	Date of Receipt
City Glenmont	State Zip Code NY 12077	0 3 2 4 2 0 1 1 Transaction ID: SA11AI.10985 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP, HR Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road	ad	Date of Receipt
- City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.10986 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Roa	ad	Date of Receipt
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.10987
FEC ID number of contributing federal political committee.	NY 12077	Amount of Each Receipt this Period
Name of Employer MVP	Occupation EVP, HR	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00
TOTAL This Period (last page this line nu	mber only)	

SCHEDULE A (FE ITEMIZED RECEI	PTS	Use separate schedule(s) for each category of the Detailed Summary Page ay not be sold or used by any pers	FOR LINE NUMBER: PAGE 55 / 83 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 110 110 110
NAME OF COMMITTEE MVP Health Care Inc	E (In Full)	ddress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, M A. James Morrill Mailing Address 54 H			Date of Receipt
City <u>Glenmont</u>	State NY	Zip Code 12077	Transaction ID: SA11AI.10988 Amount of Each Receipt this Period
FEC ID number of contr federal political committe			50.00
Name of Employer MVP Receipt For: Primary Other (specify) ▼	General		
Full Name (Last, First, N James Morrill Mailing Address 54 H	,		Date of Receipt
City Glenmont	State NY	Zip Code 12077	Transaction ID: SA11AI.10989 Amount of Each Receipt this Period
FEC ID number of contr federal political committee	ibuting		50.00
Name of Employer MVP	Occupat EVP, H		
Receipt For: Primary Other (specify) ▼	General Aggrega	tte Year-to-Date 500.00	
Full Name (Last, First, N James Morrill	Aiddle Initial)		Date of Receipt
	enderson Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Glenmont</u>	State NY	Zip Code 12077	Transaction ID: SA11AI.10990 Amount of Each Receipt this Period
FEC ID number of contr federal political committe			50.00
Name of Employer MVP	Occupat EVP, H	R	
Receipt For: Primary O Other (specify) ▼	General Aggrega	tte Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts T	his Page (optional)		150.00
TOTAL This Period (last p	bage this line number only)		

ITEMIZE	ILE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 83 (check only one)
or for comme NAME OF				on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name James Mon Mailing Ac				Date of Receipt
		01.1	7.0.1	06 16 2011
City <u>Glenmo</u> r	nt	State NY	Zip Code 12077	Transaction ID: SA11AI.10991 Amount of Each Receipt this Period
FEC ID nu	umber of contributing litical committee.	С		50.00
Name of E MVP	Employer	Occupatio EVP, HR		_
Receipt Former Prime Other			e Year-to-Date ▼ 600.00]
3. James Mor	rill Idress 54 Henderson Road			Date of Receipt
	diess 54 Henderson Road	0 6 / 0 0 / Y Y Y Y Y 0 0 1 1		
City		State	Zip Code	Transaction ID: SA11AI.10992
	nt umber of contributing litical committee.	NY C	12077	Amount of Each Receipt this Period
Name of E MVP	mployer	Occupatio EVP, HR		
Receipt Fo		Aggregate	e Year-to-Date 650.00]
Full Name Richard Oc	e (Last, First, Middle Initial) dorizzi			Date of Receipt
Mailing Ac	Idress 71 East Claremond D	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Voorhee	sville	State NY	Zip Code 12186	Transaction ID: SA11AI.11043 Amount of Each Receipt this Period
FEC ID nu	umber of contributing litical committee.	C		20.00
Name of E MVP	mployer	Occupatio Director	n of Finance	
Receipt Fo		Aggregate	e Year-to-Date 220.00]
SUBTOTAL	of Receipts This Page (optional) .			120.00

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 57 / 83			
			Use separate schedule(s) for each category of the	(check only one)			
	II EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any pe	rson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	MVP Health Care Inc. Federal PAC						
Α.	Full Name (Last, First, Middle Initial) Richard Odorizzi						
	Mailing Address 71 East Claremond Dr	0 6 / D D / Y Y Y Y 0 6 1 6 2 0 1 1					
	City	State	Zip Code	Transaction ID: SA11AI.11044			
	Voorheesville	NY	12186	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer MVP	Occupatio	n				
	MVP	Director	of Finance				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)		240.00				
		0 0					
в.	Full Name (Last, First, Middle Initial) Richard Odorizzi	•		Date of Receipt			
	Mailing Address 71 East Claremond Dr	0 6 / D D / Y Y Y Y 0 0 1 1					
	City	State	Zip Code	Transaction ID: SA11AI.11045			
	Voorheesville	NY	12186	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer MVP	Occupatio Director	on of Finance				
	Receipt For:		e Year-to-Date V				
	Primary General	33 3	260.00				
	Other (specify)						
C.	Full Name (Last, First, Middle Initial) David Orlando			Date of Receipt			
-	Mailing Address 3 Clare Castle			0 4 0 7 2 0 1 1			
	City	State	Zip Code	Transaction ID: SA11AI.11052			
	Albany	NY	12205	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer MVP	Occupatio Corp VP	on of Operations				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼		210.00				
		1		70.00			
	SUBTOTAL of Receipts This Page (optional)			•			
	TOTAL This Period (last page this line number	only)		•			

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 58 / 83
	• •	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г		, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions 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		Date of Receipt
	Mailing Address 3 Clare Castle	04 21 Y Y Y Y 04 21 2011	
	City	State Zip Code	Transaction ID: SA11AI.11053
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing		30.00
	federal political committee.		
	Name of Employer MVP	Occupation	1
		Corp VP of Operations	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
		0 0 0 0 0 0 0 0 0	1
-	Full Name (Last, First, Middle Initial)	•	
В.	David Orlando Mailing Address 3 Clare Castle		Date of Receipt
	Maining Address 3 Chare Castle		05 05 / Y Y Y Y 011
	City	State Zip Code	Transaction ID: SA11AI.11054
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing	C	30.00
	federal political committee.		
	Name of Employer MVP	Occupation	
		Corp VP of Operations	_
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	270.00	
_			
- С.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y
			05 19 2011
	City <u>Albany</u>	State Zip Code NY 12205	Transaction ID: SA11AI.11055
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation	1
		Corp VP of Operations	_
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	300.00	
-	·		
Γ			90.00
	SUBTOTAL of Receipts This Page (optional)	····· •	90.00
	TOTAL This Period (last page this line number	only)	
- 1	I SINE THIS I GIVE (last page this line hulliber	orny,	

3			FOR LINE NUMBER: PAGE 59 / 83
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) David Orlando	Date of Receipt	
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.11056
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Corp VP of Operations	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		1
	Other (specify)	330.00	
 3.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 06 16 2011
	City	State Zip Code	Transaction ID: SA11AI.11057
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Corp VP of Operations	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00]
	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 06 30 2011
	City	State Zip Code	Transaction ID: SA11AI.11058
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Corp VP of Operations	1
	Receipt For:	Aggregate Year-to-Date V	7
	Primary General Other (specify)	390.00	1
			1
			90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 83 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland D	r	Date of Receipt
	City	State Zip Code	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11150
	Niskayuna	NY 12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP Health Care	Occupation Assoc. Director	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
- B.	Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland D	r	Date of Receipt
		06 17 2011	
	City	State Zip Code	Transaction ID: SA11AI.11151
	<u>Niskayuna</u>	NY 12309	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP Health Care	Occupation Assoc. Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
- C.	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.11223 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	20.00
	Name of Employer MVP	Occupation VP of E Business	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 220.00	
ſ	SUBTOTAL of Receipts This Page (optional)	••••••••••••••••••••••••••••••••••••••	60.00
	TOTAL This Period (last page this line number	only)	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 83 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11
	NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 12047 C	Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 1 Transaction ID: SA11AI.11224 Amount of Each Receipt this Period 20.00
	MVP Receipt For: Primary General Other (specify) ▼	VP of E Business Aggregate Year-to-Date ▼ 240.00]
В.	Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady	State Zip Code NY 12047	Date of Receipt Date of Receipt 0 6 / 2 0 1 1 Transaction ID: SA11AI.11225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	C Occupation VP of E Business Aggregate Year-to-Date ▼ 260.00	20.00
_ C.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing	State Zip Code NY 12065	Date of Receipt 0 4 0 8 2 0 1 1 Transaction ID: SA11AI.11232 Amount of Each Receipt this Period
	federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	C Occupation VP Underwriting Aggregate Year-to-Date ▼ 210.00	30.00
Γ	SUBTOTAL of Receipts This Page (optional)	۱	70.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 62 / 83 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City Clifton Park	StateZip CodeNY12065	Transaction ID: SA11AI.11233 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation VP Underwriting Aggregate Year-to-Date ▼ 240.00]
в.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City Clittan Dark	State Zip Code	Transaction ID: SA11AI.11234
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Health Care	Occupation VP Underwriting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00]
с.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		05 / 20 / Y Y Y Y 2011
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.11235 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Underwriting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
	SUBTOTAL of Receipts This Page (optional)	·····	90.00
	TOTAL This Period (last page this line number of	• • • • • • • • • • • • • • • • • • •	

A (FEC Form 3X RECEIPTS poied from such Reports an purposes, other than using MMITTEE (In Full) Care Inc. Federal PAC st, First, Middle Initial) S 24 Bluestone Ridge er of contributing committee. pyer are General pecify) ▼ st, First, Middle Initial) S 24 Bluestone Ridge	e State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date 330.00	X 11a 11b 11c 12 13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee. Date of Receipt 0 0 6 0 0 3 2 0 1 Transaction ID: SA11AI.11236 Amount of Each Receipt 30.00
ppied from such Reports an purposes, other than using MMITTEE (In Full) Care Inc. Federal PAC st, First, Middle Initial) s 24 Bluestone Ridge or of contributing committee. Dyer are General pecify) ▼	Detailed Summary Page Ind Statements may not be sold or used by any p g the name and address of any political committee c e State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date 330.00 e State Zip Code	13 14 15 16 17 Derson for the purpose of soliciting contributions ee to solicit contributions from such committee. Date of Receipt 0 6 0 3 2 0 1 Transaction ID: SA11AI.11236 Amount of Each Receipt 30.00 0 6 17 2 1 Date of Receipt 7 2 1 1 Transaction ID: SA11AI.11236 30.00 30.00 Transaction ID: SA11AI.11237 30.00 30.00
purposes, other than using MMITTEE (In Full) Care Inc. Federal PAC et, First, Middle Initial) s 24 Bluestone Ridge er of contributing committee. byer are General becify) ▼	g the name and address of any political committee C E State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 330.00 E State Zip Code	Date of Receipt Date of Rece
Care Inc. Federal PAC st, First, Middle Initial) s 24 Bluestone Ridge er of contributing committee. by er are General becify) ▼	e State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 330.00 e State Zip Code	M 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 30.00 Date of Receipt 30.00 0 6 1 7 2 0 1 1 Transaction ID: SA11AI.11237
st, First, Middle Initial) s 24 Bluestone Ridge er of contributing committee. Dyer are General becify) ▼	e State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 330.00 e State Zip Code	M 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 30.00 Date of Receipt 30.00 0 6 1 7 2 0 1 1 Transaction ID: SA11AI.11237
s 24 Bluestone Ridge er of contributing committee.	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date Aggregate Year-to-Date ▼ 330.00	M 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 30.00 Date of Receipt 30.00 0 6 1 7 2 0 1 1 Transaction ID: SA11AI.11237
er of contributing committee. Dyer are General Decify) ▼	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date Aggregate Year-to-Date ▼ 330.00	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11236 Amount of Each Receipt this Period 30.00 Date of Receipt M 6 / D 7 Y Y Y Y 0 6 1 7 2 0 1 1 Transaction ID: SA11AI.11237
committee.	NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date Aggregate Year-to-Date ▼ 330.00	Amount of Each Receipt this Period 30.00 Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 1 Transaction ID: SA11AI.11237
committee.	C Occupation VP Underwriting Aggregate Year-to-Date ▼ 330.00 e State Zip Code	30.00 Date of Receipt 0 6 1 7 Transaction ID: SA11AI.11237
committee.	Occupation VP Underwriting Aggregate Year-to-Date ▼ 330.00 e State Zip Code	Date of Receipt
General Decify) ▼	VP Underwriting Aggregate Year-to-Date ▼ 330.00 e State Zip Code	Date of Receipt 0 6 / 1 7 2 0 1 1 Transaction ID: SA11AI.11237
becify) ▼ st, First, Middle Initial)	e State Zip Code	Date of Receipt
becify) ▼ st, First, Middle Initial)	e State Zip Code	Date of Receipt 0 6 / 1 7 2 0 1 1 Transaction ID: SA11AI.11237
st, First, Middle Initial)	e State Zip Code	Date of Receipt
,	State Zip Code	M M / D / Y Y Y 0 6 / 1 7 / 2 0 1 1 Transaction ID: SA11AI.11237
s 24 Bluestone Ridge	State Zip Code	0 6 1 7 2 0 1 1 Transaction ID: SA11AI.11237
	•	
	NY 12065	Amount of Each Receipt this Period
er of contributing committee.	C	30.00
byer are	Occupation VP Underwriting	
	Aggregate Year-to-Date ▼	
General Decify) ▼	360.00	
st, First, Middle Initial)		Date of Receipt
s 160 Fifth Avenue		0 4 0 7 Y Y Y Y 0 1 1
	State Zip Code	Transaction ID: SA11AI.11244
rings	NY 12866	Amount of Each Receipt this Period
er of contributing committee.	C	30.00
byer	Occupation VP Sales	
	Aggregate Year-to-Date ▼	
	210.00	
General General		
•	r of contributing committee. yer	r of contributing committee.

SCHEDULE A (FEC For ITEMIZED RECEIPTS	m 3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 83 (check only one) [X] 11a 11b 11c 12
	ports and Statements may not be sold or used by any person n using the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initia Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Ave	nue	0 4 / D D / Y Y Y Y 2 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.11245
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00]
Full Name (Last, First, Middle Initia Daniel Sauer	al)	Date of Receipt
Mailing Address 160 Fifth Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11246
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initia Daniel Sauer	al)	Date of Receipt
Mailing Address 160 Fifth Ave	nue	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.11247
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
	optional)	90.00

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) (check only one) X 11a 11b 11c 12 13 14 15 16 1 ¹
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
City Saratoga Springs FEC ID number of contributing	State Zip Code NY 12866	0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11248 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Receipt For:	C Occupation VP Sales Aggregate Year-to-Date ▼	30.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	330.00	
Daniel Sauer Mailing Address 160 Fifth Avenue	State Zip Code	Date of Receipt
Saratoga Springs FEC ID number of contributing federal political committee.	NY 12866	Transaction ID: SA11AI.11249 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For:	Occupation VP Sales Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.11250 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Receipt For:	Occupation VP Sales Aggregate Year-to-Date ▼	_
Primary General Other (specify) v	390.00	
SUBTOTAL of Receipts This Page (optional)	90.00

		_	
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 83
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	
Г			13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Mivi Thealth Gare Inc. Tederal TAG		
. '	Full Name (Last, First, Middle Initial)		
Α.			Date of Receipt
	Mailing Address 33 Everett Drive		03 24 2011
	City	State Zip Code	Transaction ID: SA11AI.11342
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	40.00
	Name of Employer		-
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date ▼	-1
	Primary General		
	Other (specify)	240.00	
_			
_	Full Name (Last, First, Middle Initial)		
В.	Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		0 4 0 7 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.11343
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	С	40.00
	Name of Employer	Occupation	-
	Name of Employer MVP	VP, Sales	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General		
	Other (specify)	280.00	
_			
~	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
C.	Mailing Address 33 Everett Drive		
	Walling Address 55 Everell Drive		04 21 2011
	City	State Zip Code	Transaction ID: SA11AI.11344
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing		40.00
	federal political committee.	C	40.00
	Name of Employer	Occupation	-1
	Name of Employer MVP	VP, Sales	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify)	320.00	
,			
			120.00
	SUBTOTAL of Receipts This Page (optional)	·····	120.00
	TOTAL This Period (last page this line number	only)	

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S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 67 / 83 (check only one)
רן	EMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{1}$ 11b $\overline{1}$ 11c $\overline{1}$ 12
		Detailed Summary Page	
F	ny information copied from such Beports and S	Statements may not be sold or used by any perso	
0	r for commercial purposes, other than using the	and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Z			-
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Data of Descript
۱.	Mailing Address 33 Everett Drive		Date of Receipt
	Maining Address 33 Everett Drive		05 05 Y Y Y Y 05 05 11
	City	State Zip Code	Transaction ID: SA11AI.11345
	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:	Aggregate Year-to-Date ▼	-1
	Primary General		
	Other (specify)	360.00	
	Full Name (Last, First, Middle Initial)	•	
3.	Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		05 19 Y Y Y Y 05 19 2011
	City	State Zip Code	
	Rochester	NY 14624	Transaction ID: SA11AI.11346
		11 14024	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation	
		VP, Sales	_
		Aggregate Year-to-Date ▼	
	Primary General	Aggregate Year-to-Date ▼ 400.00	
	Other (specify)		
 ;_	Primary General		Date of Receipt
;_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y
;	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive	400.00	M M / D D / Y Y Y Y 06 02 2011
;	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City City	400.00 State Zip Code	M M / D D / Y Y Y Y 0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11347
;.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester	400.00	M M / D D / Y Y Y Y 06 02 2011
;.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing	400.00 State Zip Code NY 14624	M M D D P Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
;.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee.	400.00 State Zip Code	M M / D D / Y Y Y Y 0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11347 Amount of Each Receipt this Period
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee.	400.00 State Zip Code NY 14624 C Occupation	M M O O O O O O O O O O O O O O O O O O
;_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 14624 C Occupation VP, Sales	M M O O O O O O O O O O O O O O O O O O
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	400.00 State Zip Code NY 14624 C Occupation	M M O O O O O O O O O O O O O O O O O O
;	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11347 Amount of Each Receipt this Period
;	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 14624 C Occupation VP, Sales	M M / D D / Y Y Y Y 0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11347 Amount of Each Receipt this Period
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11347 Amount of Each Receipt this Period
Г	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 14624 C	M M / D D / Y Y Y Y 0 6 0 2 2 0 1 1 Transaction ID: SA11AI.11347 Amount of Each Receipt this Period

			FOR LINE NUMBER: PAGE 68 / 83
SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Ar or	hy information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any per ne name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
ـــــــــــــــــــــــــــــــــــــ	Full Name (Last, First, Middle Initial) Tracy Tadaro-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:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	480.00	<u> </u>
 3.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	1	Date of Receipt
	Mailing Address 33 Everett Drive		0 6 3 0 2 0 1 1
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
•	Mailing Address 85 Pinehurst Place		0 3 2 4 2 0 1 1
	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.		40.00
	Name of Employer MVP	Occupation CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	240.00	· _
	Other (specify) v		
		•	120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 83 (check only one)
	Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.11391
	Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 280.00	
- B.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		0 4 2 1 Y Y Y Y 2 0 1 1
	City	State Zip Code	Transaction ID: SA11AI.11392
	Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
- 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 05 05 2011
	City <u>Middletown</u>	State Zip Code CT 06457	Transaction ID: SA11AI.11393 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
ſ	SUBTOTAL of Receipts This Page (optional)		120.00

ITEMIZED RE	d from such Reports and Sta	atements may no	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 83 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions policit contributions from such committee. 17
				Date of Receipt 0 5 / 1 9 / Y Y Y Y 2 0 1 1
City		State	Zip Code	Transaction ID: SA11AI.11394
Middletown		CT	06457	Amount of Each Receipt this Period
FEC ID number of federal political co		C		40.00
Name of Employed MVP		Occupation CIO		
Receipt For: Primary Other (speci	General fy) ▼	Aggregate Ye	ar-to-Date V 400.00]
Full Name (Last, F John Vangraafeilan Mailing Address				Date of Receipt
				06 02 2011
City		State	Zip Code	Transaction ID: SA11AI.11395
Middletown		CT	06457	Amount of Each Receipt this Period
FEC ID number of federal political co		C		40.00
Name of Employed MVP		Occupation CIO		
Receipt For: Primary Other (speci	General fy) ▼	Aggregate Ye	ar-to-Date ▼ 440.00]
Full Name (Last, F John Vangraafeilan				Date of Receipt
	85 Pinehurst Place			M M / D D / Y Y Y Y 06 16 2011
City		State	Zip Code	Transaction ID: SA11AI.11396
Middletown		CT	06457	Amount of Each Receipt this Period
FEC ID number of federal political co		C		40.00
Name of Employer MVP		Occupation CIO		
Receipt For: Primary Other (speci	General fy) ▼	Aggregate Ye	ar-to-Date V 480.00]
SUBTOTAL of Rece	eipts This Page (optional)			120.00
	(last page this line number or			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 71 / 83 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 & 14 \\ \hline 15 & 16 \\ \hline 17 \\ \hline \end{array}$
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.11397
	Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
В.	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
		7.0.1	04 07 2011
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.11404 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
с.	Full Name (Last, First, Middle Initial) Shanon Vollmer	1	Date of Receipt
	Mailing Address 30 Wilton Court		M M / D D / Y Y Y Y 0 4 21 2011
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.11405 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Associate Counsel	_
	Receipt For: Primary General 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: PAGE 72 / 83 (check only one)
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		05 05 2011
	City Clitten Dark	State Zip Code NY 12065	Transaction ID: SA11AI.11406
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00]
B.	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
			05 19 2011
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.11407
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
C.	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
		7. 0. 1	06 02 2011
	City <u>Clifton Park</u>	State Zip Code NY 12065	Transaction ID: SA11AI.11408 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00]
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s)									
		FOR LINE NUMBER: PAGE 73 / 83 (check only one)								
Any information appied from such Deports app	for each category of the	X 11a $11b$ 11c 12								
Any information appied from such Paparta and	Detailed Summary Page									
	d Statements may not be sold or used by any person									
or for commercial purposes, other than using	the name and address of any political committee to sc	blicit contributions from such committee.								
MVP Health Care Inc. Federal PAC										
with thealth bare inc. Tederal 1 Ab										
Full Name (Last, First, Middle Initial)										
Shanon Vollmer		Date of Receipt								
Mailing Address 30 Wilton Court		06 16 Y Y Y Y 016 16 2011								
City	State Zip Code	Transaction ID: SA11AI.11409								
Clifton Park	NY 12065	Amount of Each Receipt this Period								
	12003	Amount of Each Receipt this Fehod								
FEC ID number of contributing federal political committee.	C	30.00								
rederal political committee.										
Name of Employer MVP	Occupation									
MVP	Associate Counsel									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General										
Other (specify)	360.00									
Full Name (Last, First, Middle Initial)										
Shanon Vollmer		Date of Receipt								
Mailing Address 30 Wilton Court		06 30 Y Y Y Y 06 30 2011								
City	State Zip Code									
,		Transaction ID: SA11AI.11410								
Clifton Park	NY 12065	Amount of Each Receipt this Period								
FEC ID number of contributing	С	30.00								
federal political committee.										
Name of Employer MVP	Occupation									
MVP	Associate Counsel									
Receipt For:	Aggregate Year-to-Date ▼									
Primary General										
Other (specify)	390.00									
Full Name (Last, First, Middle Initial)		Date of Receipt								
Tracey Welch										
	e									
Tracey Welch Mailing Address 134 Thornberry Lan		06 03 2011								
Tracey Welch Mailing Address 134 Thornberry Land City	State Zip Code	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473								
Tracey Welch Mailing Address 134 Thornberry Lan		06 03 2011								
Tracey Welch Mailing Address 134 Thornberry Lan City <u>Rensselaer</u> FEC ID number of contributing	State Zip Code NY 12144	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer	State Zip Code	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City <u>Rensselaer</u> FEC ID number of contributing federal political committee.	State Zip Code NY 12144	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Lan City <u>Rensselaer</u> FEC ID number of contributing	State Zip Code NY 12144 C Occupation	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City <u>Rensselaer</u> FEC ID number of contributing federal political committee.	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis Aggregate Year-to-Date	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis Aggregate Year-to-Date	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis Aggregate Year-to-Date	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period 20.00								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis Aggregate Year-to-Date 220.00	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period								
Tracey Welch Mailing Address 134 Thornberry Land City Rensselaer FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12144 C Occupation Director Medical and Network Analysis Aggregate Year-to-Date 220.00	0 6 0 3 2 0 1 1 Transaction ID: SA11AI.11473 Amount of Each Receipt this Period 20.00								

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 83 (check only one)								
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c} X \\ 11a \\ 13 \\ 14 \\ 15 \\ 16 \\ 17 \\ 17 \\ 16 \\ 17 \\ 17 \\ 17 \\ 17$								
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r		for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC										
Α.	Full Name (Last, First, Middle Initial) Tracey Welch		Date of Receipt								
	Mailing Address 134 Thornberry Lane		0 6 / D D / Y Y Y Y 2 0 1 1								
	City Rensselaer	State Zip Code NY 12144	Transaction ID: SA11AI.11474								
	FEC ID number of contributing federal political committee.	NY 12144	Amount of Each Receipt this Period								
	Name of Employer MVP Health Care	Occupation Director Medical and Network Analysis									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00									
в.	Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive		Date of Receipt								
			04 07 2011								
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.11482 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	30.00								
	Name of Employer MVP Health Care	Occupation Sales Director									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00									
C.	Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive		Date of Receipt								
			04 21 2011								
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.11483 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	30.00								
	Name of Employer MVP Health Care	Occupation Sales Director									
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00									
	SUBTOTAL of Receipts This Page (optional)	·····	80.00								
	TOTAL This Period (last page this line number o	nly)									

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 83 (check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17
or for commer	on copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) alth Care Inc. Federal PAC	Statements may a name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Peter White Mailing Add City Loudon FEC ID nu federal poli Name of E MVP Healt Receipt Fo	dress 16 Oak Hill Drive mber of contributing itical committee. mployer th Care	State NH C Occupation Sales Dir Aggregate		Date of Receipt
B. Peter White Mailing Add City Loudon FEC ID nu federal poli Name of E MVP Healt Receipt Fo	dress 16 Oak Hill Drive	State NH C Occupatior Sales Dir Aggregate		Date of Receipt
C. Peter White Mailing Add City Loudon FEC ID nu federal poli Name of E MVP Healt Receipt Fo	dress 16 Oak Hill Drive mber of contributing itical committee. mployer th Care	State NH C Occupation Sales Din Aggregate		Date of Receipt
	of Receipts This Page (optional) Period (last page this line number			90.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and s	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 83 (check only one) 11c X 11a 11b 13 14 15 16 17 con for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive			Date of Receipt
	City Loudon FEC ID number of contributing federal political committee.	State NH	Zip Code 03307	Transaction ID: SA11AI.11487 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupatio Sales Din Aggregate		-
- B.	Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive	<u> </u>		Date of Receipt 0 6 / 3 0 / 2 0 1 1
	City Loudon FEC ID number of contributing federal political committee.	State NH	Zip Code 03307	Transaction ID: SA11AI.11488 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupatio Sales Din Aggregate		

SUBTOTAL of Receipts This Page (optional)	►	60.00
TOTAL This Period (last page this line number only)	▶	10265.00

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		LINE NUMBER: k only one)										
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b		24 28c		25 29	26 301			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											3			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		 												
<u>ب</u> ۹.	Full Name (Last, First, Middle Initial) AMERICAS HEALTH INSURANCE PLANS	S PAC (AHIP PAC)			Trans Date of				SB23 nent	.115	581				
	Mailing Address 601 PENNSYLVANIA AV SUITE 500 SOUTH BUIL		 		03	M	/ ^D 1	4	b / 1	Ύ2	201	Y			
	WÁSHINGTON	State Zip Code DC 20004			Amou	nt o	f Each	ı D	isburse	-					
	Purpose of Disbursement Contribution		01		L.					50	00.00				
	Candidate Name AMERICAS HEALTH INSURANCE PLANS	, ,	ateg Typ	lory/ e											
	Senate President	ement For: 2012 Primary X General Other (specify) ▼													
 B.	State: District: Full Name (Last, First, Middle Initial) ANN MARIE BUERKLE FOR CONGRESS		 		Date		isburse	en				Y			
	Mailing Address 3779 UNDERWOOD WA	λΥ	 		0 ^M 2	M	0) 3	<u> </u>	2	201	Y			
		State Zip Code NY 13215			Amou	nt o	f Each	ı D	isburse	0					
	Purpose of Disbursement Contribution Candidate Name ANN MARIE BUERKLE			jory/	L.					25	00.00)			
		ement For: 2012 Primary X General Other (specify) ▼	Тур	ie											
D.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS				Date	of Di	isburse	en				х			
	Mailing Address PO BOX 247				^м 3	M	^D 2	2 2		2	20 Ì 1	Y			
	,	State Zip Code NY 12106			Amou	nt o	f Each	ı D	isburse						
	Purpose of Disbursement Contribution		01		L.					15	500.00)			
	Candidate Name CHRIS P GIBSON		ateg Typ	lory/ e											
	Senate President	ement For: 2012 Primary X General Other (specify) ▼													
Γ	State: NY District: 20		 							0-					
s	UBTOTAL of Disbursements This Page (optional)		 	•		0				90	00.00				
	OTAL This Period (last page this line number only)		 	•											

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PEMIZED DISBURSEMENTS		,		21b	one) 22	X	23	_		_		_		
		d by a		21	28a	Ĥ	28k	,	24 28c	H	25 29	\square		
Tor commercial purposes, other than using the nam												5		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC														
Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE					Transaction ID: SB23.11598 Date of Disbursement									
Mailing Address P.O. BOX 1776					0 5		Ľ	05	5 /	Ź	0 1 1	Y		
City FREEDOM	StateZip CodePA15042				Amou	int of	Ea	ch D	isburse	-				
Purpose of Disbursement Contribution Candidate Name			011 atego						<u> </u>	100	00.00)		
JASON ALTMIRE Office Sought: X House Disburs Senate President State: PA District: 04	ement For: 2012 Primary X General Other (specify) V		Туре											
Full Name (Last, First, Middle Initial) FRIENDS OF JEANNE SHAHEEN					Date		sbu	rsem		-		Y		
Mailing Address 105 N STATE STREET					0 5			24		2	0 1 1			
City CONCORD	StateZip CodeNH03301				Amou	int of	Ea	ch D	isburse		t this I			
Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN		Ca	011 atego	ory/						20	JU.UC	,		
	ement For: 2012 Primary X General Other (specify)	<u> </u>	Туре	9										
Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH					Trans Date		-	rsem						
Mailing Address 51 GLENEIDA AVENUE	1				0 [™] 3	Μ /		11		ź	0 1 1	Y		
City CARMEL	StateZip CodeNY10512				Amou	int of	Ea	ch D	isburse					
Purpose of Disbursement Contribution			011		L.					100	00.00			
Candidate Name NAN HAYWORTH			atego Type	-										
Office Sought: X House Disburs Senate President State: NY District: 19	ement For: 2012 Primary X General Other (specify) ▼													
SUBTOTAL of Disbursements This Page (optional)				•						220	0.00			
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Candidate Name JANE CORWIN	1			Category/ Type					
Office Sought:	Senate President		y General (specify) ▼						
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Mailing Address	560 9TH STREET	Г			06	^D 20		2011	Y
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Candidate Name MICHAEL GRIN	ИМ			Category/ Type					
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SUBTOTAL of Disb	ursements This Page (c	optional)		····· Þ			40	00.00)

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	-		IE NUMBER: PAGE 80 / 83 nly one)									
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X	23 28b	F	24 280		25 29	26		
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$\overline{\nabla}$	NAME OF COMMITTEE (In Full)					ibut			11 50011	0011	milloo			
$\left \right\rangle$	MVP Health Care Inc. Federal PAC													
<u> </u>	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIO	NAL COMMITTEE			Date	of D	sburs	sen						
	Mailing Address 320 FIRST STREET SE		 		^м 3	М	/ D	2 2	2	× ź	žo i	1 [×]		
	City WASHINGTON	State Zip Code DC 20003			Amou	int o	f Eacl	h D	Disburs	-				
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	Full Name (Last, First, Middle Initial) NELSON 2012				Date	of D	sburs	ser						
	Mailing Address PO BOX 8666				^м 4	М	/ D	2 6	3	Ŷ	žo i	1 Y		
		State Zip Code NE 68108	 		Amou	int o	f Eacl	h D	Disburs	-				
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s	UBTOTAL of Disbursements This Page (optional)		 	•						30	00.00)		
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	Detailed Summary Page			27	22 28a	Ĥ	23 28b	┢	24 28c	-	25 29	H
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WVP Health Care Inc. Federal PAC												
Full Name (Last, First, Middle Initial) NEXT CENTURY FUND					Date	of D	isbur	sen			-	Y
Mailing Address 116 S ROYAL STREET					05			1 8			20 Ì	
City ALEXANDRIA	StateZip CodeVA22314				Amo	unt o	f Eac	h D	isburs	-		
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RICHARD BURR	0040		itegoi Type	у/ 								
Office Sought: House Disburse X Senate President State: NC District: 00	ement For: 2012 Primary X General Other (specify)											
Full Name (Last, First, Middle Initial) RICHARD HANNA FOR CONGRESS COI	MMITTEE				Date	of D	isbur	sen				X
Mailing Address 2308 GENESEE STREE	Т				0 ^M 1	М	/ D	2 1		2	201	1 1
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Candidate Name RICHARD HANNA			itegoi Type	у/								
Office Sought: X House Disburse Senate President State: NY District: 24	ement For: 2012 Primary X General Other (specify)											
Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMI	MITTEE				-	of D	isbur	sen		.115	593	
Mailing Address P.O. BOX 395					0 ^M 4	М	/ D	2 6	B /	Y 2	201	1 [×]
City WRENTHAM	StateZip CodeMA02903				Amo	unt o	f Eac	h D	isburs			
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Candidate Name SCOTT P BROWN			itegoi Type	гу/								
Office Sought: House Disburse X Senate President State: MA District: 00	ement For: 2012 Primary X General Other (specify) ▼											
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	IT	CHEDULE B (FEC Form 3 EMIZED DISBURSEMENT	S	for each Detailed	arate schedule(s) category of the Summary Page		(ch	R LINE eck only 21b 27	one) 2 8a	Х	23 28b		24 28c		82 / 8 25 29		26 30b
		y Information copied from such Reports a for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name															
A.	Ľ	MVP Health Care Inc. Federal PAG Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS Mailing Address 99 W 1ST STE	_						D	ate c		sburs	eme	SB23. ent		72 0 1 1	Y	
		City CORNING Purpose of Disbursement Contribution	5	State NY	Zip Code 14830				A	moui	nt of			burse	ment		eriod]
		Candidate Name THOMAS W II REED				Cat)11 egc ype	ory/										
		Office Sought: X House Senate President State: NY District: 29	Disburser	ment For: Primary Other (spe	2012 X General ecify) ▼													

	SUBTOTAL of Disbursements This Page (optional)	•	2000.00
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I	FE6AN026		FEC Schedule B (Form 3X) (Revised 02/2003)

	010				PAGE 83 / 83	
			(Use sepa			
DEBTS AND OBLIGATIONS			schedul for ead		FOR LINE NUMBER: (check only one) 9	
Excluding Loans				umbered line)		
NAME OF COMMITTEE (In Ful	I)				X 10	
MVP Health Care Inc. Federal PAC						
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose):		
Deluxe Business Checks				eck Prir		
Mailing Address P.O. Box 742572						
City	State	ZIP Code				
Cincinnati	OH	45274				
Outstanding Balance Beginning This Period				Trar	saction ID: SD10.4163	
145.00						
Amount Incurred This Period Payment This Period			Ou	itstandin	g Balance at Close of This Period	
				listanum		
	0.00	0.00			145.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose):		
Media Well Done				Advertising		
Mailing Address 96 Jay S	treet					
City	State	ZIP Code				
Schenectady	NY	12305				
Outstanding Balance Beginning This Period				Tror	saction ID: SD10.4165	
				Trar	Saction ID: 3D10.4165	
	338.00					
Amount Incurred T	his Period	Payment This Period	Ou	utstandin	g Balance at Close of This Period	
	0.00	0.00			338.00	
				1 1		
					483.00	
1) SUBTOTALS This Period This Page (optional)				1 1 1 1		
2) TOTALS This Period (last page this line number only)				1 1 1 1	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)						