Image# 13940770640 PAGE 1 / 90

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc. F	ederal PAC		1
ADDRESS (number and street)	625 State Street		
Check if different			
than previously reported. (ACC)	Schenectady		NY 12305 - L
2. FEC IDENTIFICATION NUM	//BER ▼ CIT	ГУ▲	STATE ▲ ZIP CODE ▲
C C00431429		S THIS NEW (N) O	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar Mar	7 20 (M3) Jun 20 (M	6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3))	M M / D D	/ Y Y Y in the
January 31 Year-End Report (YE)) Election		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 01	/ DID / YIY Y O1 2011	through 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined this	Report and to the best of	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Jordan T. Estey	-	·
Signature of Treasurer Jordan	T. Estey	[Electronically Filed]	Date 05 / 28 / 2013
NOTE: Submission of false, erroneo	ous, or incomplete informatio	n may subject the person signin	g this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X
Only			Rev. 12/2004

OF !	SUMMARY PAGE RECEIPTS AND DISBURSEMENTS	
FEC Form 3X (Rev. 02/2003)	TECE. TO AND DISBOTISEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From: 01	01 2011 To	. 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		45440.34
(b) Cash on Hand at Beginning of Reporting Period	45440.34	
(c) Total Receipts (from Line 19)	22229.00	22229.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67669.34	67669.34
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))	42969.34	42969.34
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	
This committee has qualified as a multicandid	date committee. (see FEC FORM 1M)	
For	further information contact:	
F	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PA	M۱	/P	Health	Care	Inc.	Federal	PAC
---------------------------------	----	----	--------	------	------	---------	-----

ns (other than loans) From: uals/Persons Other Political Committees mized (use Schedule A) itemized ITAL (add les 11(a)(i) and (ii) al Party Committees as PACs)	10220.00 12009.00 22229.00 0.00	10220.00 12009.00 22229.00
Political Committees mized (use Schedule A) itemized ITAL (add les 11(a)(i) and (ii) al Party Committees Political Committees	12009.00 22229.00	12009.00
itemized	12009.00 22229.00	12009.00
itemized	12009.00 22229.00	12009.00
al Party Committees	22229.00	
al Party Committees		22229.00
al Party Committees		22229.00
Political Committees	0.00	
Political Committees		0.00
ac PACe)		
as raos)	0.00	0.00
Contributions (add Lines		
ii), (b), and (c)) (Carry		
	22229.00	22229.00
mittees	0.00	0.00
Received	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	200	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
Scriedule H3)	0.00	0.00
unds (from Schedule H5)	0.00	0.00
ansfers (add 18(a) and 18(b))	0.00	0.00
	to Line 33, page 5)	to Line 33, page 5)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN B Calendar Year-to-Date		
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total This Period	Calcinati Four to Date	
	(i) Federal Share	0.00	0.00	
	(// : 000-0: 0.10.0			
	(ii) Non-Federal Share	0.00	0.00	
	(b) Other Federal Operating	0.00	0.00	
	Expenditures(c) Total Operating Expenditures	0.00	0.00	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00	
	Transfers to Affiliated/Other Party			
	Committees	0.00	0.00	
	Contributions to Federal Candidates/Committees and Other Political Committees	24700.00	24700.00	
	Independent Expenditures		0.00	
	(use Schedule E)	0.00	0.00	
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
	(use Scriedule F)	9 9	0.00	
	Loan Repayments Made	0.00	0.00	
	Loans Made	0.00	0.00	
	Refunds of Contributions To:		7	
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
	ì			
	(b) Political Party Committees	0.00	0.00	
	(c) Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
	(d) Total Contribution Refunds			
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
	Other Disbursements	0.00	0.00	
	5			
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity			
	(from Schedule H6)			
	(i) Federal Share	0.00	0.00	
	·			
	(ii) "Levin" Share	0.00	0.00	
	(b) Federal Election Activity Paid Entirely	0.00	0.00	
	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	
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	3.00	0.00	
	Total Disbursements (add Lines 21(c), 22,			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24700.00	24700.00	
	Total Federal Disbursements			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	from Line 31)	24700.00	24700.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	22229.00	22229.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22229.00	22229.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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Form/Schedule: F3XA

Transaction ID:

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

Form/Schedule: Transaction ID:

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Date of Receipt Mailing Address 6 Doris Drive 2011 01 28 City Zip Code State Transaction ID: SA11AI.11566 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 400.00 federal political committee. Name of Employer Occupation MVP Service Corp VP, Sales Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 430.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 2011 06 02 City State Zip Code Transaction ID: SA11AI.10293 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 06 16 2011 City Zip Code State Transaction ID: SA11AI.10294 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 440.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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Any information copied from such Reports and Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		
/	AU	
Full Name (Last, First, Middle Initial) A. Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court	06 30 <u>Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y</u>	
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.	С	20.00
Name of Employer	Occupation	
MVP	Administrative	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	5	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive		04 07 2011
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	Occupation	
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) C. Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive		04 21 2011
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	Occupation	
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)	>	50.00
TOTAL This Period (last page this line number of	only)	

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

FOR	LINE	NU	MBER	PAGE	-	9	OF	90	
(check only one)									
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or for commercial purposes, other than using the name and address of any political committee	to concil continuations from such confinities.
NAME OF COMMITTEE (In Full)	
MVP Health Care Inc. Federal PAC	
Full Name (Last, First, Middle Initial) 1. Laura Davis	Date of Receipt
Mailing Address 212 Meriline Ave.	06 02 2011
City State Zip Code	Transaction ID : SA11AI.10366
Scotia NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	20.00
Name of Employer Occupation	
MVP Health Care Clinical Pharmacist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 220.00	
Full Name /Look First Middle Initially	<u> </u>
Full Name (Last, First, Middle Initial) 3. Laura Davis	Date of Receipt
Mailing Address 212 Meriline Ave.	06 16 2011 _
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.	20.00
Name of Employer Occupation	†
MVP Health Care Clinical Pharmacist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 240.00	
Full Name (Last, First, Middle Initial) Laura Davis	Date of Receipt
Mailing Address 212 Meriline Ave.	M = M / D = D / Y = Y = Y
City State Zip Code	06 30 2011 Transaction ID : SA11AI.10368
Scotia NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	20.00
Name of Employer Occupation	†
MVP Health Care Clinical Pharmacist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 260.00	
SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

	FOR LINE I	NUMBER:	: PAGE	E 10 O	ıF		
Use separate schedule(s)	(check only one)						
for each category of the Detailed Summary Page	X 11a	11b	11c	12			
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool	State Zip Code NY 13090	Date of Receipt 03 24 2011 Transaction ID : SA11AI.10374 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Regional Network Director Aggregate Year-to-Date ▼ 240.00	40.00
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool	State Zip Code NY 13090	Date of Receipt M
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Regional Network Director Aggregate Year-to-Date ▼ 280.00	40.00
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 320.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
, ,	>	120.00
TOTAL This Period (last page this line numb	per only)	

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 05 2011 City State Zip Code Transaction ID: SA11AI.10377 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 2011 05 19 City State Zip Code Transaction ID: SA11AI.10378 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 02 06 2011 City State Zip Code Transaction ID: SA11AI.10379 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF 90 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 480.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify) General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 520.00	Date of Receipt 06 30 2011 Transaction ID : SA11AI.10381 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼ 240.00	Date of Receipt Mark 24 2011 Transaction ID: SA11AI.10409 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 13 OF 90 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 04 07 2011 City Zip Code State Transaction ID: SA11AI.10410 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2011 04 21 City State Zip Code Transaction ID: SA11AI.10411 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 05 05 2011 City Zip Code State Transaction ID: SA11AI.10412 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 14 OF 90 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2011 City Zip Code State Transaction ID: SA11AI.10413 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2011 06 02 City State Zip Code Transaction ID: SA11AI.10414 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 06 16 2011 City Zip Code State Transaction ID: SA11AI.10415 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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12

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NAME OF COMMITTEE (In Full)	he name and address of any political committee	to solicit contributions from such confinitect.
MVP Health Care Inc. Federal Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date 520.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12159 C Occupation EVP, CFO Aggregate Year-to-Date ▼ 240.00	Date of Receipt Mark 24 2011 Transaction ID : SA11Al.10456 Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12159 C Occupation EVP, CFO Aggregate Year-to-Date ▼ 300.00	Date of Receipt 03 10 2011 Transaction ID: SA11AI.10457 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional).	>	160.00

	FOR LINE NUMBER: PAGE 16 OF	90
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12	
		1 17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt
City	State Zip Code	03 24 2011
Slingerlands	NY 12159	Transaction ID : SA11AI.10458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	Occupation EVP, CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		04 07 _2011 _
City	State Zip Code	Transaction ID : SA11AI.10459
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Health Care	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		04 21 2011
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.10460
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer	Occupation	-
MVP Health Care	EVP, CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe		180.00

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) for each category of the Detailed Summary Page

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(check only	y one)			
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13	14	15	16	17

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt
		05 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.	С	60.00
Name of Employer	Occupation	
MVP Health Care	EVP, CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) Mark Fish	1	Date of Receipt
Mailing Address 500 Normanskill Place		M = M / D = D / Y = Y = Y
City	State Zip Code	05 19 2011
Slingerlands	NY 12159	Transaction ID : SA11AI.10462 Amount of Each Receipt this Period
FEC ID number of contributing	.=	Amount of Each neceipt this Period
federal political committee.	C	60.00
Name of Employer	Occupation	1
MVP Health Care	EVP, CFO	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		06 02 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.10463
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	+
MVP Health Care	EVP, CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	660.00	
Other (specify) ▼	000.00	
SUBTOTAL of Receipts This Page (optional).		180.0

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Any information copied from such Reports or for commercial purposes, other than usin	and Statements mang the name and a	ay not be sold or used by any poddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC		
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State NY C Occupation EVP, CFO Aggregate	Zip Code 12159 Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Health Care	State NY C Occupation EVP, CFO	Zip Code 12159	Date of Receipt 06 30 2011 Transaction ID : SA11Al.10465 Amount of Each Receipt this Period 60.00
Receipt For: Primary General	Aggregate	Year-to-Date ▼	1

	Other (specify) ▼	780.00	
С .	Full Name (Last, First, Middle Initial) John Gajewski		Date of Receipt
	Mailing Address 166 Jordan Blvd		06 03 2011
	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	Occupation	
	MVP Health Care	Director EPMO	
	Receipt For:	Aggregate Vear-to-Date ▼	

Aggregate Year-to-Date ▼

780.00

220.00

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Primary

Other (specify) ▼

General

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 2011 06 City Zip Code State Transaction ID: SA11AI.10503 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Director EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 2011 04 07 City State Zip Code Transaction ID: SA11AI.10510 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 04 21 2011 City Zip Code State Transaction ID: SA11AI.10511 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing	State Zip Code NY 14607	Date of Receipt 05 05 2011 Transaction ID : SA11AI.10512 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care Receipt For: Primary Other (specify)	Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 270.00	30.00
Full Name (Last, First, Middle Initial) 3. Dominic Galante Mailing Address 220 Alexander Street City Rochester	State Zip Code NY 14607	Date of Receipt 05 19 2011 Transaction ID : SA11AI.10513
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	NY 14607 C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 30.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester	State Zip Code NY 14607	Date of Receipt 06 02 2011 Transaction ID : SA11AI.10514
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation VP Medical Quality Management Aggregate Year-to-Date 330.00	Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line numbe	r only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 2011 06 16 City Zip Code State Transaction ID: SA11AI.10515 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Medical Quality Management MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street 2011 06 30 City State Zip Code Transaction ID: SA11AI.10516 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bill Geddings Date of Receipt Mailing Address 75 Robinwood Drive 02 06 2011 City Zip Code State Transaction ID: SA11AI.10551 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **VP Health Services** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Bill Geddings Date of Receipt Mailing Address 75 Robinwood Drive 2011 16 City Zip Code State Transaction ID: SA11AI.10552 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bill Geddings Date of Receipt Mailing Address 75 Robinwood Drive 2011 06 30 City State Zip Code Transaction ID: SA11AI.10553 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 10 2011 City Zip Code State Transaction ID: SA11AI.10568 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2011 24 City State Zip Code Transaction ID: SA11AI.10569 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 03 2011 10 City State Zip Code Transaction ID: SA11AI.10570 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 03 24 2011 City Zip Code State Transaction ID: SA11AI.10571 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 04 07 2011 City Zip Code State Transaction ID: SA11AI.10572 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2011 04 21 City State Zip Code Transaction ID: SA11AI.10573 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 05 05 2011 City Zip Code State Transaction ID: SA11AI.10574 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2011 City State Zip Code Transaction ID: SA11AI.10575 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2011 06 02 City State Zip Code Transaction ID: SA11AI.10576 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 06 16 2011 City Zip Code State Transaction ID: SA11AI.10577 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 30 2011 06 City Zip Code State Transaction ID: SA11AI.10578 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 2011 10 City State Zip Code Transaction ID: SA11AI.10581 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 24 2011 City Zip Code State Transaction ID: SA11AI.10582 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation EVP & Chief Legal Officer, Pres. of Op MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any per g the name and address of any political committee		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC		
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt	
Mailing Address 803 Via Marchella	Mailing Address 803 Via Marchella		
City	State Zip Code	03 10 2011 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	Occupation		
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		
	7		
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt	
Mailing Address 803 Via Marchella		M = M / D = D / Y = Y = Y = Y	
City	State Zip Code	03 24 2011 Transaction ID : \$4114110584	
Schenectady	NY 12303	Transaction ID : SA11AI.10584 Amount of Each Receipt this Period	
FEC ID number of contributing		Amount of Each Heecipt this I chou	
federal political committee.	C	70.00	
Name of Employer	Occupation		
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op		
Receipt For:	Aggregate Year-to-Date ▼	7	
Primary General Other (specify) ▼	420.00		
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt	
Mailing Address 803 Via Marchella		04 07 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	1		
MVP Health Care	EVP & Chief Legal Officer, Pres. of Op		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	490.00		
SUBTOTAL of Receipts This Page (optional	I)	210.00	
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 04 2011 21 City Zip Code State Transaction ID: SA11AI.10586 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 05 05 City State Zip Code Transaction ID: SA11AI.10588 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 05 19 2011 City Zip Code State Transaction ID: SA11AI.10589 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation EVP & Chief Legal Officer, Pres. of Op MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 06 02 City Zip Code State Transaction ID: SA11AI.10590 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 770.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 06 16 City State Zip Code Transaction ID: SA11AI.10591 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care EVP & Chief Legal Officer, Pres. of Op Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 30 06 2011 City Zip Code State Transaction ID: SA11AI.10592 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation EVP & Chief Legal Officer, Pres. of Op MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 910.00 Other (specify) 210.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 10 2011 City Zip Code State Transaction ID: SA11AI.10622 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 02 2011 24 City State Zip Code Transaction ID: SA11AI.10623 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 03 10 2011 City Zip Code State Transaction ID: SA11AI.10635 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 2011 03 24 City Zip Code State Transaction ID: SA11AI.10624 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 2011 04 07 City State Zip Code Transaction ID: SA11AI.10625 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 04 21 2011 City Zip Code State Transaction ID: SA11AI.10626 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 05 2011 City Zip Code State Transaction ID: SA11AI.10627 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 2011 05 19 City State Zip Code Transaction ID: SA11AI.10628 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 02 06 2011 City Zip Code State Transaction ID: SA11AI.10629 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	.C	
MVP V	State Zip Code NH 03307 C Decupation //ice President Aggregate Year-to-Date ▼ 960.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MVP	State Zip Code NH 03307 C Description Vice President Aggregate Year-to-Date ▼ 1040.00	Date of Receipt M M M 2011 Transaction ID: SA11AI.10631 Amount of Each Receipt this Period 80.00
MVP E	State Zip Code NY 12211 C Decupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 240.00	Date of Receipt 03 11 2011 Transaction ID: SA11AI.10636 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional)	<u>.</u>	220.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville	State Zip Code NY 12211	Date of Receipt 03 25 2011 Transaction ID : SA11AI.10637 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.00	60.00
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City	State Zip Code	Date of Receipt M M
Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 360.00	Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 420.00	Date of Receipt M M M / 22 2011 Transaction ID : SA11AI.10639 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional).	>	180.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	IPAC	
Full Name (Last, First, Middle Initial) David Henderson Meiling Address 4 Leader Height		Date of Receipt
Mailing Address 1 Loudon Heights		06 17 2011
City Loudonville	State Zip Code NY 12211	Transaction ID : SA11AI.10643
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Allen Hinkle Mailing Address 65 Jenkins Rd.		Date of Receipt
	02 11 2011	
City Lebanon	State Zip Code NH 03766	Transaction ID : SA11AI.11567
FEC ID number of contributing federal political committee.	C 03/66	Amount of Each Receipt this Period
Name of Employer MVP Health Care	Occupation Chief Medical Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) C. Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Schenectady	State Zip Code NY 12306	Transaction ID : SA11AI.10680
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	-
MVP	Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive		Date of Receipt
Mailing Address So Fox Alli Drive		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	Occupation	
MVP	VP Information Technology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive		Date of Receipt
3		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	Occupation	
MVP	VP Information Technology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		03 25 2011
City Albany	State Zip Code NY 12208	Transaction ID : SA11AI.10753
-		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	-
MVP Health Care	VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		100.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2011 20 City Zip Code State Transaction ID: SA11AI.10757 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2011 06 03 City State Zip Code Transaction ID: SA11AI.10758 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 17 06 2011 City Zip Code State Transaction ID: SA11AI.10759 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive		Date of Receipt
		05 19 2011
City	State Zip Code	Transaction ID : SA11AI.10846
Highland Mills	NY 10930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP	VP of Mid-Hudson Region	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		
Mailing Address 12 Sutherland Drive		Date of Receipt 06 02 2011
City	State Zip Code	Transaction ID : SA11AI.10847
Highland Mills	NY 10930	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 Region	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) C. Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		06 16 2011
City Highland Mills	State Zip Code NY 10930	Transaction ID : SA11AI.10848 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	360.00	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Carl Maleri Jr. Mailing Address 19 Crimson Way		Date of Receipt
		05 19 2011
City	State Zip Code	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	Occupation	1
MVP	VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Carl Maleri Jr. Mailing Address 19 Crimson Way		Date of Receipt
City	State Zip Code	06 02 2011
Webster	NY 14580	Transaction ID : SA11AI.10924 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Carl Maleri Jr.		Date of Receipt
Mailing Address 19 Crimson Way		06 16 2011
City	State Zip Code	Transaction ID : SA11AI.10925
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP	VP, Underwriting and Analysis	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
SUBTOTAL of Receipts This Page (optional).		120.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 05 2011 City State Zip Code Transaction ID: SA11AI.10935 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2011 05 19 City State Zip Code Transaction ID: SA11AI.10936 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 02 06 2011 City State Zip Code Transaction ID: SA11AI.10937 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Marketing** MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2011 16 City State Zip Code Transaction ID: SA11AI.10938 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 2011 06 30 City State Zip Code Transaction ID: SA11AI.10939 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 03 24 2011 City Zip Code State Transaction ID: SA11AI.10958 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAGE	С	
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 14626 C ccupation P, Business Excellence ggregate Year-to-Date ▼ 280.00	Date of Receipt 04 07 2011 Transaction ID: SA11AI.10959 Amount of Each Receipt this Period 40.00
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 14626 C ccupation P, Business Excellence ggregate Year-to-Date ▼ 320.00	Date of Receipt O4 21 2011 Transaction ID : SA11AI.10960 Amount of Each Receipt this Period 40.00
Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Property For:	State Zip Code NY 14626 C ccupation P, Business Excellence ggregate Year-to-Date ▼ 360.00	Date of Receipt 05 05 2011 Transaction ID : SA11AI.10962 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number only	·)	

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Name of Employer	Occupation	
MVP	VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) C. Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		06 16 2011
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.	С	40.00
Name of Employer	Occupation	
MVP	VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

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

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 30 2011 06 City Zip Code State Transaction ID: SA11AI.10966 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Morrill Date of Receipt Mailing Address 54 Henderson Road 03 2011 10 City State Zip Code Transaction ID: SA11AI.10984 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Road 03 24 2011 City Zip Code State Transaction ID: SA11AI.10985 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) James Morrill Date of Receipt Mailing Address 54 Henderson Road 04 07 2011 City Zip Code State Transaction ID: SA11AI.10986 NY 12077 Glenmont Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Morrill Date of Receipt Mailing Address 54 Henderson Road 2011 04 21 City State Zip Code Transaction ID: SA11AI.10987 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Road 05 05 2011 City Zip Code State Transaction ID: SA11AI.10988 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) James Morrill Date of Receipt Mailing Address 54 Henderson Road 2011 City State Zip Code Transaction ID: SA11AI.10989 NY 12077 Glenmont Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Morrill Date of Receipt Mailing Address 54 Henderson Road 2011 06 02 City State Zip Code Transaction ID: SA11AI.10990 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Road 06 16 2011 City Zip Code State Transaction ID: SA11AI.10991 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road	State 7in Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Glenmont	State Zip Code NY 12077	Transaction ID : SA11AI.10992
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
MVP Receipt For: Primary General Other (specify) ▼	EVP, HR Aggregate Year-to-Date ▼ 650.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive		Date of Receipt 06 02 2011
City	State Zip Code	Transaction ID : SA11AI.11043
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		06 16 2011
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.11044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
MVP	Director of Finance	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	•	90.00
TOTAL This Period (last page this line number	r only)	

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	Statements may not be sold or used by any personance name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) A. Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		06 30 <u>2011</u>
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.11045 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Director of Finance Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) B. David Orlando Mailing Address 3 Clare Castle		Date of Receipt
City Albany	State Zip Code NY 12205	04 07 2011 Transaction ID : SA11AI.11052 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		04 21 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.11053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care Receipt For: Primary General Other (specify) ▼	Corp VP of Operations Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		80.00
TOTAL This Period (last page this line number	<u>*</u>	

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
/	· · ·•	
Full Name (Last, First, Middle Initial) A. David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		05 05 2011
City	State Zip Code	Transaction ID : SA11AI.11054
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		M = M / D = D / Y = Y = Y
City	State Zip Code	05 19 2011 Transaction ID : \$A11A1 11055
Albany	NY 12205	Transaction ID : SA11AI.11055 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		06 02 2011
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.	C	30.00
Name of Employer	Occupation	
MVP Health Care	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (optional)		90.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 2011 06 16 City Zip Code State Transaction ID: SA11AI.11057 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 2011 06 30 City State Zip Code Transaction ID: SA11AI.11058 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 03 06 2011 City Zip Code State Transaction ID: SA11AI.11150 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Health Care Assoc. Director, Group Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 2011 City Zip Code State Transaction ID: SA11AI.11151 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Assoc. Director, Group Reporting Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ellen Runyon Date of Receipt Mailing Address 625 State Street 2011 06 02 City State Zip Code Transaction ID: SA11AI.11223 NY Schenectady 12047 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP VP of E Business Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ellen Runyon Date of Receipt Mailing Address 625 State Street 06 16 2011 City Zip Code State Transaction ID: SA11AI.11224 NY Schenectady 12047 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation VP of E Business MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street		Date of Receipt
City	State Zip Code	06 30 2011 Transaction ID : SA11Al.11225
Schenectady	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP of E Business	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
		04 08 2011
City	State Zip Code	Transaction ID : SA11AI.11232
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation	1
	VP Underwriting	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) C. Thomas Ryan	1	Date of Receipt
Mailing Address 24 Bluestone Ridge		04 22 2011
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.11233 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	VP Underwriting	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	····	80.00
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SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	/C									
Full Name (Last, First, Middle Initial) 1. Thomas Ryan	D	ate of	Re	ceip	ot					
Mailing Address 24 Bluestone Ridge				M = M	/	D	06	/ Y	2011	Y
City	State NY	Zip Code						A11AI.		
Clifton Park	INT	12065	_ A	mount	of	Eac	h Red	ceipt th	is Period	ı
FEC ID number of contributing federal political committee.	С				_	7	_	7	30	0.00
Name of Employer	Occupation									
	VP Underwi	riting								
	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		270.00								
Full Name (Last, First, Middle Initial) 3. Thomas Ryan			D	ate of	Re	ceip	ot			
Mailing Address 24 Bluestone Ridge			05 20 2011							
City	State	Zip Code		Transa	acti	on I	D : S	A11AI.1	1235	
Clifton Park NY 12065					of	Eac	h Red	ceipt th	is Period	I
FEC ID number of contributing federal political committee.	С			_		7		7	30	0.00
. ,	Occupation									
	VP Underwr	iting								
	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		300.00								
Full Name (Last, First, Middle Initial) Thomas Ryan			D	ate of	Re	ceip	ot			
Mailing Address 24 Bluestone Ridge] [M - M 06	/	D	03	/ Y	2011	Y
City Clifton Park	State NY	Zip Code 12065						A11AI.	11236 is Period	I
FEC ID number of contributing federal political committee.	С					7		7	3(0.00
Name of Employer	Occupation									
	VP Underw	riting								
	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		330.00								
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TOTAL This Period (last page this line number on	ly)		Ī			7		-		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2011 City State Zip Code Transaction ID: SA11AI.11237 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care VP Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2011 04 07 City State Zip Code Transaction ID: SA11AI.11244 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 04 21 2011 City Zip Code State Transaction ID: SA11AI.11245 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 2011 City State Zip Code Transaction ID: SA11AI.11246 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \blacktriangledown 270.00 Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 05 19 2011 City State Zip Code Transaction ID: SA11AI.11247 Saratoga Springs NY 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		06 02 2011
City	State Zip Code	Transaction ID : SA11AI.11248
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP	VP Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	330.00	

300.00

Primary

C.

Other (specify)

General

FOR LINE NUMBER: PAGE 66 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2011 16 City State Zip Code Transaction ID: SA11AI.11249 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 2011 06 30 City State Zip Code Transaction ID: SA11AI.11250 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 03 24 2011 City Zip Code State Transaction ID: SA11AI.11342 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 67 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 04 07 2011 City Zip Code State Transaction ID: SA11AI.11343 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 2011 04 21 City State Zip Code Transaction ID: SA11AI.11344 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 05 05 2011 City Zip Code State Transaction ID: SA11AI.11345 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Detailed Summary Page	X 11a 11b 11c 12	
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City	State Zip Code	Date of Receipt M
Rochester FEC ID number of contributing federal political committee.	NY 14624	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Sales Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee.	NY 14624	Transaction ID : SA11AI.11347 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Sales Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt 06 16 2011
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 480.00	Transaction ID : SA11AI.11348 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	>	120.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 69 OF

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			06 30 2011
City Rochester	State NY	Zip Code 14624	Transaction ID : SA11AI.11349 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Receipt For: General	Occupation VP, Sales Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		520.00	
Full Name (Last, First, Middle Initial) B. John Vangraafeiland	'		Date of Receipt
Mailing Address 85 Pinehurst Place			03 24 _2011 _
City	State	Zip Code	Transaction ID : SA11AI.11390
Middletown	СТ	06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP	Occupation CIO		
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. John Vangraafeiland	<u>'</u>		Date of Receipt
Mailing Address 85 Pinehurst Place			04 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Middletown	State CT	Zip Code 06457	Transaction ID : SA11AI.11391
FEC ID number of contributing federal political committee.	C	00437	Amount of Each Receipt this Period 40.00
Name of Employer	Occupation		
MVP	CIO		
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 280.00	1

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

FOR LINE NUMBER: PAGE 70 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 04 2011 21 City State Zip Code Transaction ID: SA11AI.11392 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 2011 05 05 City State Zip Code Transaction ID: SA11AI.11393 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 05 19 2011 City State Zip Code Transaction ID: SA11AI.11394 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) 17

FOR LINE NUMBER: PAGE 71 OF

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(che	y one) 11b 14	11c	12	17	_
Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and a	, , , ,				•		
NAME OF COMMITTEE (In Full)							

	MVP Health Care Inc. Federal	PAC				
Α.	Full Name (Last, First, Middle Initial) John Vangraafeiland	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
	Mailing Address 85 Pinehurst Place					
	City	State Zip Code	Transaction ID : SA11AI.11395			
	Middletown	CT 06457	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	40.00			
	Name of Employer	Occupation				
	MVP	CIO				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00				
В.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt			
	Mailing Address 85 Pinehurst Place	06 16 _ 2011 _				
	City	State Zip Code	Transaction ID : SA11AI.11396			
	Middletown	CT 06457	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	40.00			
	Name of Employer MVP	Occupation CIO				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	480.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt			
	Mailing Address 85 Pinehurst Place		06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State Zip Code	Transaction ID : SA11AI.11397			
	Middletown	CT 06457	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	40.00			
	Name of Employer	Occupation				
	MVP	CIO				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	520.00				
H	SUBTOTAL of Receipts This Page (optional).		120.00			

FOR LINE NUMBER: PAGE 72 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 04 07 2011 City Zip Code State Transaction ID: SA11AI.11404 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Associate Counsel MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 2011 04 21 City State Zip Code Transaction ID: SA11AI.11405 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 05 05 2011 City Zip Code State Transaction ID: SA11AI.11406 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 73 OF 90 Use separate schedule for each category of the Detailed Summary Pag

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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 personant and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
Cib.	Otata 7'- O- 1	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 Health Care, Inc.	Occupation Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
		06 02 2011
City	State Zip Code NY 12065	Transaction ID : SA11AI.11408
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, Inc.	Occupation Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		06 16 2011
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.11409 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Associate Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 30 2011 City Zip Code State Transaction ID: SA11AI.11410 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Associate Counsel MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tracey Welch Date of Receipt Mailing Address 134 Thornberry Lane 2011 06 03 City State Zip Code Transaction ID: SA11AI.11473 NY Rensselaer 12144 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care Director Medical and Network Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tracey Welch Date of Receipt Mailing Address 134 Thornberry Lane 17 06 2011 City Zip Code State Transaction ID: SA11AI.11474 NY Rensselaer 12144 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Health Care Director Medical and Network Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 75 OF (check only one) X 11a 11b 11c

90 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 04 07 2011 City Zip Code State Transaction ID: SA11AI.11482 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2011 04 21 City State Zip Code Transaction ID: SA11AI.11483 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 05 05 2011 City Zip Code State Transaction ID: SA11AI.11484 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 76 OF 90 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 19 2011 City Zip Code State Transaction ID: SA11AI.11485 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 02 2011 City State Zip Code Transaction ID: SA11AI.11486 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 16 2011 Zip Code City State Transaction ID: SA11AI.11487 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee.

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360.00

Occupation

Sales Director - NH/VT

Aggregate Year-to-Date ▼

Name of Employer

MVP Health Care Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 77 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 30 2011 06 City Zip Code State Transaction ID: SA11AI.11488 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 10220.00

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SCHEDULE B (FEC Form 3X)	Han assessed to the	(a) FOR LINE	FOR LINE NUMBER:				
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	dule(s) (check only one)					
	Detailed Summary Pag		22 X 23 28b	24 25 26 28c 29 30			
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or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)	_						
$ \; angle$ MVP Health Care Inc. Federal PA	√C						
Full Name (Last, First, Middle Initial)		I					
A. AMERICAS HEALTH INSURANCE	CE PLANS PAC (AF	HP PAC)	Date of Disburseme	ent			
		/	M M / D D	/			
Mailing Address 601 PENNSYLVANIA AVENUE	NW		03 14	2011			
SUITE 500 SOUTH BUILDING City	State Zip Code						
WASHINGTON	DC 20004		Transaction ID : S	6B23.11581			
Purpose of Disbursement							
Contribution		011	Amount of Each Dis	sbursement this Period			
Candidate Name AMERICAS HEALTH INSURANCE PLAN	IS PAC (AHIP PAC)	Category/		5000.00			
	sement For: 2012	Туре					
Senate Sought.	Primary X Genera						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			D				
B. ANN MARIE BUERKLE FOR CC	NGRESS		Date of Disburseme				
Mailing Address 3779 UNDERWOOD WAY			02 03	2011			
			VZ U3	2011			
City	State Zip Code		Transaction ID : S	SB23.11575			
SYRACUSE Burness of Dichursement	NY 13215						
Purpose of Disbursement Contribution		011	Amount of Each Die	sbursement this Period			
Candidate Name			OI LACIT DIS				
ANN MARIE BUERKLE		Category/ Type		2500.00			
	sement For: 2012						
	Primary General	ı					
President President	Other (specify) ▼						
State: NY District: 25 Full Name (Last, First, Middle Initial)							
C. CHRIS GIBSON FOR CONGRES	SS		Date of Disburseme	ent			
			M M / D D	/			
Mailing Address PO BOX 247			03 22	2011			
City	State 7:- Onda						
City KINDERHOOK	State Zip Code NY 12106		Transaction ID: S	B23.11586			
Purpose of Disbursement	12100						
Contribution							
Candidate Name	Category/		1500.00				
CHRIS P GIBSON	noment For: 2212	Туре		1300.00			
Office Sought: House Disburs	sement For: 2012 Primary Genera						
President	Other (specify)	-					
State: NY District: 20							
SUBTOTAL of Disbursements This Page (optional)			9000.00			
		<u> </u>					
TOTAL This Period (last page this line number on	lly)						

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Form/Schedule: SB23

Transaction ID : SB23.11575

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

Form/Schedule: SB23

Transaction ID: SB23.11586

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 80 OF 90	
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		27	28a 28b 28c 29 30b) —
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NAME OF COMMITTEE (In Full)				
MVP Health Care Inc. Federal PAC				
/ Full Name (Last, First, Middle Initial)				_
A. CITIZENS FOR ALTMIRE			Date of Disbursement	
- CITIZENS FOR ALTMINE			M M / D D / Y Y Y Y	
Mailing Address P.O. BOX 1776			05 05 2011	
011	7.0.1			_
City S FREEDOM	State Zip Code PA 15042		Transaction ID : SB23.11598	
Purpose of Disbursement	100+2			
Contribution		011	Amount of Each Disbursement this Period	
Candidate Name		Category/	1000.00	
JASON ALTMIRE		Type	1000.00	
	nent For: 2012			
	Primary			
State: PA District: 04	Carlot (opcomy)			
Full Name (Last, First, Middle Initial)				_
B. FRIENDS OF JEANNE SHAHEEN			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 105 N STATE STREET			05 24 2011	
C:h.	State Zip Code			-
City	state ZID Code			
City S CONCORD	NH 03301		Transaction ID : SB23.11605	
CONCORD Purpose of Disbursement	· ·			
CONCORD Purpose of Disbursement Contribution	· ·	011	Amount of Each Disbursement this Period	
CONCORD Purpose of Disbursement Contribution Candidate Name	· ·	Category/		
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN	NH 03301		Amount of Each Disbursement this Period	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Disbursen	· ·	Category/	Amount of Each Disbursement this Period	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Disbursen	NH 03301	Category/	Amount of Each Disbursement this Period	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate Disbursen	nent For: 2014 Primary General	Category/	Amount of Each Disbursement this Period	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial)	nent For: 2014 Primary General	Category/	Amount of Each Disbursement this Period 200.00	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00	nent For: 2014 Primary General	Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH	nent For: 2014 Primary General	Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial)	nent For: 2014 Primary General	Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE	NH 03301 nent For: 2014 Primary General Other (specify) ▼	Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	_
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE	nent For: 2014 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement	
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE	NH 03301 nent For: 2014 Primary General Other (specify) ▼	Category/ Type	Amount of Each Disbursement this Period 200.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE City CARMEL Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH	nent For: 2014 Primary General Other (specify) State Zip Code NY 10512	Category/ Type	Amount of Each Disbursement this Period 200.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	_
CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE City CARMEL Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH Office Sought: House Disbursen	nent For: 2014 Primary General Other (specify) State Zip Code NY 10512	Category/ Type 011 Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE City CARMEL Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President Disbursen Senate President	nent For: 2014 Primary General Other (specify) State Zip Code NY 10512	Category/ Type 011 Category/	Amount of Each Disbursement this Period 200.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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CONCORD Purpose of Disbursement Contribution Candidate Name JEANNE SHAHEEN Office Sought: House Senate President State: NH District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF NAN HAYWORTH Mailing Address 51 GLENEIDA AVENUE City CARMEL Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH Office Sought: House Senate President State: NY District: 19	nent For: 2014 Primary General Other (specify) State Zip Code NY 10512 nent For: 2012 Primary General Other (specify) Other (specify)	Category/ Type 011 Category/ Type	Amount of Each Disbursement this Period 200.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

1mage# 13940770720 PAGE 81 / 90

: 97 A = G7 9 @ G5 B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N 5 H= C B

Form/Schedule: SB23

Transaction ID : SB23.11605

5/28/13 -- Contribution was incorrectly labled as a 2012 general election contribution. I've reclassified this correctly as

a contribution to the 2014 primary.

Form/Schedule: SB23

Transaction ID: SB23.11578

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)	Hoo consusts as best of the	, FOR LINE	PAGE 82 OF 90		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orlean orling	•		
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Stater	nents may not be sold or i				
or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
$ \; angle$ MVP Health Care Inc. Federal PAC					
Full Name (Last, First, Middle Initial)		I			
A. JANE CORWIN FOR CONGRESS			Date of Disburseme	ent	
			M M / D D	/ Y Y Y Y	
Mailing Address PO BOX 15385			05 04	2011	
City	State Zip Code				
ROCHESTER	NY 14615		Transaction ID: S	SB23.11616	
Purpose of Disbursement					
Contribution		011	Amount of Each Dis	sbursement this Period	
Candidate Name JANE CORWIN		Category/		1000.00	
	nent For: 2011	Туре		,	
Senate Sought.	Primary General				
President	Other (specify) ▼				
State: NY District: 26	Special-Gene	eral			
Full Name (Last, First, Middle Initial)					
B. JANE CORWIN FOR CONGRESS			Date of Disburseme	ent	
Mailing Address DO DOV 45205			05 18	2011	
Mailing Address PO BOX 15385			US 18	2011	
City	State Zip Code		Transaction ID : \$	SR23 11620	
ROCHESTER	NY 14615		Halisaction ID . 3	JU2J. I 1020	
Purpose of Disbursement Contribution		011	Amount of Each Die	sbursement this Period	
Candidate Name			Amount of Lacif Di	osarsement tilis Fellou	
JANE CORWIN		Category/ Type		1000.00	
	nent For: 2011	1 21			
Senate	Primary General				
	Other (specify) ▼				
State: NY District: 26	Special-Gen	eral			
Full Name (Last, First, Middle Initial) C. MICHAEL GRIMM FOR CONGRE	99		Date of Disburseme	ent	
- WILCHALL GIVININ FOR CONGRE	00		M M / D D	/ Y Y Y Y	
Mailing Address 560 9TH STREET			06 20	2011	
0.1					
City S BROOKLYN	State Zip Code NY 11215		Transaction ID:	SB23.11608	
Purpose of Disbursement	11213				
Contribution					
Candidate Name					
MICHAEL GRIMM		Category/ Type		2000.00	
	ment For: 2012				
Senate President	Primary General Other (specify)				
State: NY District: 13	Other (specify)				
SUBTOTAL of Disbursements This Page (optional)				4000.00	
· · · · · · · · · · · · · · · · · · ·					
TOTAL This Period (last page this line number only)					

1mage# 13940770722 PAGE 83 / 90

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SB23

Transaction ID: SB23.11608

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 84 OF					
IT	EMIZED DISBURSEMENTS		se separate schedule(s) r each category of the (check only one) 21b 22 X 23			le(s) (check only one)		25 -	1 26
			d Summary Page	21b 27	22 28a	X 23 28b		25	26 30b
Δ,	ny information copied from such Reports and Statem	lents may	not be sold or use						
	for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
$ \rangle$	MVP Health Care Inc. Federal PAC	;							
\angle	Full Name (Last, First, Middle Initial)								
Α.	NATIONAL REPUBLICAN CONGR	ESSIC	ONAL COMM	ITTEF	Date of	Disburser	ment		
			J. 17 (E JOIVIIVI		M = M	/ D	D / Y Y	YYY	
	Mailing Address 320 FIRST STREET SE				03	22	2 20	11	
	City S	State	Zip Code						
	•	DC	20003		Trans	action ID	: SB23.11584		
	Purpose of Disbursement								
	Contribution			011	Amoun	t of Each I	Disbursement	this Perio	od
	Candidate Name NATIONAL REPUBLICAN CONGRESSION	AL COM	1MITTEE	Category/ Type			-	1000.00	
	Office Sought: House Disbursen			Type		-	- 1		
	Senate	Primary	General						
		Other (sp	ecify) \blacktriangledown						
_	State: District:								
В	Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGR	EGGI		ITTEE	Date of	Disburser	ment		
	NATIONAL ILFODLICAN CONGR	LUUI	JINAL COMIN	11166	M = M	/ 0		YY	
	Mailing Address 320 FIRST STREET SE				06	22			
	Oth.	\	7:- 0-4						
	,	State DC	Zip Code 20003		Trans	action ID	: SB23.11611		
	Purpose of Disbursement		1,11						
	Contribution			011	Amoun	t of Each I	Disbursement	this Perio	od
	Candidate Name NATIONAL REPUBLICAN CONGRESSION	IAL CON	/MITTEE	Category/				1000.00	
		nal COMMITTEE Type nent For: 2012				,			
		Primary	General						
		Other (sp							
_	State: District:								
_	Full Name (Last, First, Middle Initial)				Data of	Disburser	mont		
٥.	NELSON 2012				M M	/ D		YY	
	Mailing Address PO BOX 8666				04	26			
	,	State NE	Zip Code 68108		Trans	action ID	: SB23.11589		
	Purpose of Disbursement	. 41	00100						
	Contribution				Amoun	t of Each I	Disbursement	this Perio	od
	Candidate Name	Category/				1000.00			
	E BENJAMIN NELSON Office Sought: House Disbursen	ant For	2012	Туре		-	-	. 555.00	
		Primary	General						
		Other (sp							
	State: NE District: 00		·						
Г	<u> </u>		<u> </u>					0000.00	
5	SUBTOTAL of Disbursements This Page (optional)	·····		············· •		-		3000.00	
Γ,	OTAL This Period (last page this line number only)								
1 '	VIAL THIS FEHOU (last page this line number only).					-			_

1mage# 13940770724 PAGE 85 / 90

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F 9 @ 5 H9 8 'HC' 5 'F 9 D C F H Z G7 < 98 I @ 'C F' + H9 A = N 5 H = C B

Form/Schedule: SB23

Transaction ID : SB23.11589

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 86 OF 9					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the) (check only	one)				
	Detailed Summary Page	21b	22 X 23 24 25 25 28a 28b 28c 29 3				
		27					
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
MVP Health Care Inc. Federal PA	AC .						
Full Name (Last, First, Middle Initial)							
A. NEXT CENTURY FUND			Date of Disbursement				
Mailing Address 116 S ROYAL STREET			05 18 2011				
City	State Zip Code		Transaction ID : SB23.11602				
ALEXANDRIA Purpose of Disbursement	VA 22314						
Contribution		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	1500.00				
RICHARD BURR Office Sought: House Disburs	ament For: 0040	Туре					
Office Sought: House Disburs Senate President	ement For: 2012 Primary						
State: NC District: 00							
Full Name (Last, First, Middle Initial)							
B. RICHARD HANNA FOR CONGR	ESS COMMITTEE		Date of Disbursement				
Mailing Address 2308 GENESEE STREET			01 21 2011				
City UTICA	State Zip Code NY 13502		Transaction ID : SB23.11569				
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period				
Candidate Name RICHARD HANNA		Category/ Type	2000.00				
_	ement For: 2012	.,,,,,	, ,				
Senate	Primary General						
President State: NY District: 24	Other (specify) ▼						
Full Name (Last, First, Middle Initial)			Date of Disharmana				
C. SCOTT BROWN FOR US SENA	IE COMMITTEE		Date of Disbursement				
Mailing Address P.O. BOX 395			04 26 2011				
City WRENTHAM	State Zip Code MA 02903		Transaction ID : SB23.11593				
Purpose of Disbursement Contribution	WIA 02903						
Candidate Name		011	Amount of Each Disbursement this Period				
SCOTT P BROWN		Category/ Type	1000.00				
	ement For: 2012	Турс					
Senate President	Primary						
State: MA District: 00							
SUBTOTAL of Disbursements This Page (optional)		······	4500.00				
TOTAL This Period (last page this line number onl	y)						

1mage# 13940770726 PAGE 87 / 90

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

Form/Schedule: SB23

Transaction ID: SB23.11569

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)	Llos conorate cohedula/a	FOR LINE NUMBER: PAGE 88 C					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	le(s) (check only one)		22			
	Detailed Summary Page	21b 27		23 24 25 26 28b 28c 29 30			
Any information copied from such Reports and Statem							
or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contribu	tions from such committee.			
NAME OF COMMITTEE (In Full)	.						
angle MVP Health Care Inc. Federal PAC	,						
Full Name (Last, First, Middle Initial)							
A. TOM REED FOR CONGRESS			Date of Disk				
Mailing Address 99 W 1ST STREET			01	31 2011			
City	State Zip Code		T	ID . CD00 44570			
CORNING	NY 14830		Transactio	on ID : SB23.11572			
Purpose of Disbursement Contribution		011	Amount of E	Each Disbursement this Period			
Candidate Name		Category/		2000.00			
THOMAS WII REED Office Sought: House Disbursem	nent For: 2012	Type					
	Primary General						
	Other (specify)						
State: NY District: 29	· ,						
Full Name (Last, First, Middle Initial)							
В.			Date of Disk				
Mailing Address			M M /	D D / Y Y Y Y Y			
maining Addition			السا				
City	State Zip Code						
Purpose of Disbursement							
			Amount of E	Each Disbursement this Period			
Candidate Name		Category/					
0.00		Type	Ĺ,				
Office Sought: House Disbursem							
	Primary General Other (specify) ▼						
State: District:	(opoony) ▼						
Full Name (Last, First, Middle Initial)							
c.			Date of Disk	oursement			
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Mailing Address							
City	State Zip Code						
Purpose of Disbursement							
·			Amount of F	Each Disbursement this Period			
Candidate Name		Category/					
Office Cought	vant Fam	Туре					
Office Sought: House Disburser Senate	nent For: Primary General						
	Other (specify) General						
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SUBTOTAL of Disbursements This Page (optional)		·····•		2000.00			
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TOTAL This Period (last page this line number only).				24700.00			

1mage# 13940770728 PAGE 89 / 90

: 97 'A = G7 9 @ G5 B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A + N5 H+ C B

Form/Schedule: SB23

Transaction ID : SB23.11572

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a

contribution to the 2012 primary.

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 90 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

90

	ME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC				
	A. Full Name (Last, First, Middle Initial) of Debtor Deluxe Business Checks	Nature of Debt (Purpose): Check Printing			
İ	Mailing Address P.O. Box 742572				
	City State Cincinnati	Zip Code OH	45274		
Ì	Outstanding Balance Beginning This Period			Transaction ID : SD10.4163	
	145.00				
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	145.00	
Ī	B. Full Name (Last, First, Middle Initial) of Debtor of Media Well Done	or Creditor		Nature of Debt (Purpose): Advertising	
	Mailing Address 96 Jay Street				
	City State Schenectady	Zip Code NY	12305		
	Outstanding Balance Beginning This Period 338.00			Transaction ID : SD10.4165	
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	338.00	
	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):	
-	Mailing Address				
	City	State	Zip Code		
	Outstanding Balance Beginning This Period				
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period	
		,	7		
1)	SUBTOTALS This Period This Page (optional)			483.00	
2)	TOTALS This Period (last page this line number of	only)		483.00	
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only	/) J	0.00	
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summary	Page (last page only)	483.00	