

# NOTIFICATION OF MULTICANDIDATE STATUS

( See reverse side for instructions )  
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL MVP Health Care Inc. Federal PAC		2. FEC IDENTIFICATION NUMBER C00431429
(b) Number and Street Address 625 State Street		
(c) City, State and ZIP Code Schenectady NY 12305		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

**4. STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_

**5. STATUS BY QUALIFICATION:**

**(a) candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
<b>(i)</b>	PETER WELCH	House	VT 00	05/20/2008
<b>(ii)</b>	JOHN KUHL	House	NY 29	05/20/2008
<b>(iii)</b>	JAMES R BUHRMASTER	House	NY 21	06/30/2008
<b>(iv)</b>	MICHAEL E. MR. MCMAHON	House	NY 13	09/29/2008
<b>(v)</b>	MICHAEL A. ARCURI	House	NY 24	10/07/2008

**(b) Contributors:** The committee received a contribution from its 51st contributor on: 06/18/2008

**(c) Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 01/01/2008

**(d) Qualification:** The committee met the above requirements on: 07/01/2008

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

TYPE OR PRINT NAME OF TREASURER Frank Fanshawe	SIGNATURE OF TREASURER Electronically Filed by Frank Fanshawe	DATE 04/01/2009
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Text

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission, Washington, DC 20463  
Toll-free 800-424-9530  
Local 202-694-1100

**FEC FORM 1 M**  
Revised 1/2001