Image# 12970871963				PAGE 1 / 83
FEC FORM 3X	REPORT OF AND DISBUR For Other Than An Aut	SEMENTS		Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typing	, type 12FE4M	
COMMITTEE (in full)		over the lines.		
ADDRESS (number and street)	625 State Street			
Check if different than previously				
reported. (ACC)				
2. FEC IDENTIFICATION		Y 🔺	STATE 🔺	ZIP CODE
C C00431429		S THIS NE	V	MENDED N
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report</li> <li>July 15 Quarterly Report</li> <li>October 15 Quarterly Report</li> <li>January 31 Year-End Report</li> <li>July 31 Mid-Year</li> </ul>	(Q1) (C) 12-Day (Q2) PRE-Election (Q3) (YE) Election	20 (M3) Ju 20 (M4) Ju Primary (12P) Convention (1)	in 20 (M6) Sep Il 20 (M7) Oct General	
X July 31 Mid-Year Report (Non-elec Year Only) (MY) Termination Repo (TER)	tion <b>POST</b> -Election Report for the:	General (30G)	Runoff (	
5. Covering Period	01 01 2011	Y through	M M / D D 06 30	State of 2011
I certify that I have examined Type or Print Name of Treasu	this Report and to the best of Irrer Mr. Frank Fanshawe	my knowledge and be		
Signature of Treasurer	r. Frank Fanshawe	[Electronically	Filed] Date 04	M / D D / Y Y Y Y 10 2012
	oneous, or incomplete information	n may subject the perso	on signing this Report to	the penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

#### 04/11/2012 13 : 42

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

•	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
W	Vrite or Type Committee Name		
ſ	MVP Health Care Inc. Federal PA	AC	
R	Report Covering the Period: From:	01 / 01 / Y Y Y Y Y 01 01 To:	06 / D D / Y Y Y Y Y 2011
		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
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	67669.34	67669.34
7.	Total Disbursements (from Line 31)	24700.00	24700.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42969.34	42969.34
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

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

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

DE FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		i age 🛡
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From: 01	/ D D / Y Y Y Y 01 2011 To:	06 / 30 / 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Contributions (other than loans) From:</li> <li>(a) Individuals/Persons Other</li> </ol>		
Than Political Committees (i) Itemized (use Schedule A)	10220.00	10220.00
(ii) Unitemized	7 12009.00	12009.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	22229.00	22229.00
(b) Political Party Committees	0.00	0.00
<ul> <li>(c) Other Political Committees <ul> <li>(such as PACs)</li> </ul> </li> <li>(d) Total Contributions (add Lines</li> </ul>	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22229.00	22229.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
<ul><li>(Refunds, Rebates, etc.)</li><li>(Carry Totals to Line 37, page 5)</li><li>16. Refunds of Contributions Made</li></ul>	0.00	0.00
to Federal Candidates and Other Political Committees 17. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
<ol> <li>Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))</li> </ol>	22229.00	22229.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	22229.00	22229.00

#### DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B
. Operating Expenditures:	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.0
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► . Transfers to Affiliated/Other Party	0.00	0.0
Committees	0.00	0.0
Federal Candidates/Committees and Other Political Committees	24700.00	24700.00
. Independent Expenditures	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(use schedule F)		0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.0
. Other Disbursements	0.00	0.0
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	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24700.00	24700.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	24700.00	24700.00

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I

#### DETAILED SUMMARY PAGE

of Disbursements

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial)         Ms. Mary Bianchi         Mailing Address 6 Doris Drive         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Service Corp         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     12302       C       Occupation       VP, Sales Ops       Aggregate Year-to-Date ▼       430.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B.         Sue Ann Brown         Mailing Address 9 Wembly Court         City         Delmar         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State       Zip Code         NY       12054         C       Occupation         Administrative       Aggregate Year-to-Date ▼         220,00       220,00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.         Sue Ann Brown         Mailing Address 9 Wembly Court         City         Delmar         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     12054       C       Occupation       Administrative       Aggregate Year-to-Date ▼	Date of Receipt 06 16 2011 Transaction ID : SA11AI.10294 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	1	• 440.00

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

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

11b

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X 11a

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11c

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14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Α. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court M M / 30 2011 06 City Zip Code State Transaction ID : SA11AI.10295 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive Μ 2011 04 07 City State Zip Code Transaction ID : SA11AI.10302 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP VP Medical Director Receipt For: Aggregate Year-to-Date ▼ Primarv General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Cameron Date of Receipt Mailing Address 285 Willowcrest Drive M = M 04 21 2011 City Zip Code State Transaction ID : SA11AI.10303 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 0.00 С federal political committee. Name of Employer Occupation VP Medical Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	-		11b	11c			
Any information copied from such Reports and S									ibutio	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		dress of any political committee	e to sol	icit co	ntrib	outions	from suc	h com	mitte	e.
Full Name (Last, First, Middle Initial)         Laura Davis         Mailing Address 212 Meriline Ave.         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care Inc         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Clinical Phar Aggregate Y	Zip Code 12302 macist /ear-to-Date ▼ 220.00			/ sacti	02			1	00
Full Name (Last, First, Middle Initial)         B. Laura Davis         Mailing Address 212 Meriline Ave.         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care Inc         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Clinical Pharm Aggregate Y	Zip Code 12302 macist ⁄ear-to-Date ▼ 240.00			/ acti	16 ion ID :			1	0
Full Name (Last, First, Middle Initial)         Laura Davis         Mailing Address 212 Meriline Ave.         City         Scotia         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care Inc         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Clinical Phar Aggregate Y	Zip Code 12302 macist /ear-to-Date ▼ 260.00			/ sact	ion ID		2011 . <b>10368</b>		00
SUBTOTAL of Receipts This Page (optional)						7			60.0	0

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

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X 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Α. Date of Receipt Mailing Address 7723 Majestic Drive M M / 2011 03 24 City State Zip Code Transaction ID : SA11AI.10374 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 2011 04 07 City State Zip Code Transaction ID : SA11AI.10375 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Name of Employer Occupation MVP **Regional Network Director** Receipt For: Aggregate Year-to-Date ▼ Primarv General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive M = M 04 21 2011 City Zip Code State Transaction ID : SA11AI.10376 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 320.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Liverpool N FEC ID number of contributing federal political committee. C Name of Employer Occ MVP Reg	tate Zip Code NY 13090 Cupation gional Network Director gregate Year-to-Date ▼ 360.00	Date of Receipt 05 05 2011 Transaction ID : SA11AI.10377 Amount of Each Receipt this Period 40.00
Liverpool N FEC ID number of contributing federal political committee. C Name of Employer Occ MVP Reg	tate Zip Code IY 13090 cupation gional Network Director gregate Year-to-Date ▼ 400.00	Date of Receipt
Liverpool N FEC ID number of contributing federal political committee. C Name of Employer Occ MVP Reg	tate Zip Code NY 13090 Cupation gional Network Director gregate Year-to-Date ▼ 440.00	Date of Receipt 06 02 2011 Transaction ID : SA11AI.10379 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	•	120.00

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and s or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
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) ▼		Zip Code 13090 etwork Director Year-to-Date ▼ 480.00	Date of Receipt
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) ▼		Zip Code 13090 etwork Director Year-to-Date ▼ 520.00	Date of Receipt
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 NY C Occupation Treasurer Aggregate	Zip Code 12303 Year-to-Date ▼ 240.00	Date of Receipt 03 24 2011 Transaction ID : SA11AI.10409 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		•	120.00

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Mailing Address 430 Ridgehill Road	State	Zip Code	Date of Receipt 04 07 2011 Transaction ID : SA11AI.10410
	Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	Occupation Treasurer		Amount of Each Receipt this Period
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	]
В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City Schenectady FEC ID number of contributing federal political committee.	State NY	Zip Code 12303	Transaction ID : SA11AI.10411           Amount of Each Receipt this Period           40.00
	Name of Employer MVP Receipt For: Primary General	Occupation Treasurer Aggregate	Year-to-Date ▼	
	Gother (specify) ▼ Full Name (Last, First, Middle Initial)	L	320.00	
C.	Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	Chata	Zin Onda	Date of Receipt
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.10412           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP Receipt For:	Occupation Treasurer Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		360.00	1
s	<b>SUBTOTAL</b> of Receipts This Page (optional)			120.00

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

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial)         A.       Mr. Frank Fanshawe         Mailing Address       430 Ridgehill Road         City       Schenectady	State NY	Zip Code 12303	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	C Occupation Treasurer		Amount of Each Receipt this Period 40.00
B. Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	State	Zip Code	Date of Receipt
Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	NY C Occupation Treasurer		Amount of Each Receipt this Period 40.00
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	1
Full Name (Last, First, Middle Initial) C. Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	State	Zip Code	Date of Receipt
Schenectady FEC ID number of contributing federal political committee. Name of Employer	NY C Occupation	12303	Transaction ID : SA11AI.10415         Amount of Each Receipt this Period         40.00
MVP Receipt For: Primary General Other (specify)	Treasurer           Aggregate	Year-to-Date ▼ 480.00	1
SUBTOTAL of Receipts This Page (optional)			120.00

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

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b 14	11c	12	17					
Any information copied from such Reports a or for commercial purposes, other than usir				or the	purp	ose of	f soliciting	g contrib	utions					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	-													
A. Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road				Date o		eipt	D / Y	Y Y	Y					
City Schenectady	State NY	Zip Code 12303		06 30 2011 Transaction ID : SA11AI.10416 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С				. ,	,		4	0.00					
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Treasurer Aggregate	Year-to-Date ▼ 520.00	1											
B. Mark Fish Mailing Address 500 Normanskill Place				Date o	of Rec	eipt	D / Y	YYY	Y					
City	State NY	Zip Code					SA11AI.							
Slingerlands FEC ID number of contributing federal political committee.	С	12159		Amoun	it of E	Each F	Receipt th		d 0.00					
Name of Employer MVP	Occupation EVP, CFO													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  240.00	]											
Full Name (Last, First, Middle Initial) C. Mark Fish				Date o	of Rec	ceipt								
Mailing Address 500 Normanskill Place								03 / D D / Y Y Y Y 03 10 2011						
City Slingerlands	State NY	Zip Code 12159					: SA11AI Receipt th		d					
FEC ID number of contributing federal political committee.	ů l							6	0.00					
Name of Employer MVP	Occupation EVP, CFO													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	]											
SUBTOTAL of Receipts This Page (option	al)					,		16(	0.00					

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al 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         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     12159       C       Occupation       EVP, CFO       Aggregate Year-to-Date ▼       360	Date of Receipt
B. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	State Zip Code	Date of Receipt
Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	NY     12159       C     Occupation       EVP, CFO       Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 60.00
C. Full Name (Last, First, Middle Initial) C. Mark Fish Mailing Address 500 Normanskill Place City Slingerlands	420 State Zip Code NY 12159	Date of Receipt Date of Receipt 04 21 2011 Transaction ID : SA11AI.10460 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	C Occupation EVP, CFO Aggregate Year-to-Date ▼ 480	60.00
SUBTOTAL of Receipts This Page (optional)		180.00

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	
	ports and Statements may not be sold or used by a an using the name and address of any political com	any person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. I	ederal PAC	
✓       Full Name (Last, First, Middle Initi         A.       Mark Fish         Mailing Address 500 Normanskill I         City         Slingerlands         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼		Date of Receipt 05 05 2011 Transaction ID : SA11AI.10461 Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initi         B.       Mark Fish         Mailing Address 500 Normanskill F         City		Date of Receipt
Slingerlands         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	NY 12159 C Occupation EVP, CFO Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initi C. Mark Fish Mailing Address 500 Normanskill City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	al) Place State Zip Code NY 12159 C Occupation EVP, CFO	Date of Receipt 06 02 2011 Transaction ID : SA11AI.10463 Amount of Each Receipt this Period 60.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.0	190.00

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

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 13		1b 4	11c	12	47
Any information copied from such Reports a or for commercial purposes, other than usin			for the	purpo	se o			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	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         Receipt For:         Primary       General         Other (specify)	State NY C Occupation EVP, CFO Aggregate	Zip Code 12159 Year-to-Date ▼ 720.00		saction	16 n ID :		iis Perioc	
Full Name (Last, First, Middle Initial)         B.       Mark Fish         Mailing Address 500 Normanskill Place         City         Slingerlands         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation EVP, CFO Aggregate	Zip Code 12159 Year-to-Date ▼ 780.00		action	30 1 <b>D</b> :		is Perioc	y 1 0.00
Full Name (Last, First, Middle Initial)         C.       John Gajewski         Mailing Address 166 Jordan Blvd         City         Delmar         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Director EP Aggregate			sactio	03 n ID		iis Perioc	
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Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	11a 13	111		11c	12	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC								
Full Name (Last, First, Middle Initial)         John Gajewski         Mailing Address 166 Jordan Blvd         City         Delmar         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Director EP Aggregate	Zip Code 12054 MO Year-to-Date ▼ 240.00		M M 06 Trans	saction	17 ID : S	5A11AI. ecceipt th	2011 <b>10503</b> is Period	
Full Name (Last, First, Middle Initial)         B. Dominic Galante         Mailing Address 220 Alexander Street         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 14607 Quality Management Year-to-Date ▼ 210.00		M M 04 Trans		07 ID : S	5A11AL1	is Period	Y 1 0.00
Full Name (Last, First, Middle Initial)         C.       Dominic Galante         Mailing Address 220 Alexander Street         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	1	Zip Code 14607 Quality Management Year-to-Date ▼ 240.00		04 Trans	saction	21 ID:5	/ Y SA11AI. eccipt th	2011 <b>10511</b> is Period	
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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Α. Date of Receipt Mailing Address 220 Alexander Street M M / 05 2011 05 City Zip Code State Transaction ID : SA11AI.10512 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation VP Medical Quality Management **MVP Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander Street М M 2011 05 19 City State Zip Code Transaction ID : SA11AI.10513 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation **MVP Health Care** VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primarv General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dominic Galante Date of Receipt Mailing Address 220 Alexander Street M = M D 02 06 2011 City Zip Code State Transaction ID : SA11AI.10514 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 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial)         Dominic Galante         Mailing Address 220 Alexander Street         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       14607         C       Occupation         VP Medical Quality Management         Aggregate Year-to-Date ▼         360.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dominic Galante         Mailing Address 220 Alexander Street         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       14607         C       C         Occupation       VP Medical Quality Management         Aggregate Year-to-Date ▼       390.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Bill Geddings         Mailing Address 75 Robinwood Drive         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12065         C       Occupation         VP Health Services       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       220.00	Date of Receipt
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ITEMIZED RECEIPTS	for each category o Detailed Summary I		×	11a		11b	11c	12	<u> </u>
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P									
Full Name (Last, First, Middle Initial)         Patrick Glavey         Mailing Address 165 Windemere Road         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       14610         C       Occupation         VP, Medicare Products       Aggregate Year-to-Date ▼         3       3	\$20.00			/ sactio	24 on ID :		is Period	Y 1 2.00
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Full Name (Last, First, Middle Initial)         Patrick Glavey         Mailing Address 165 Windemere Road         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       14610         C       Occupation         VP, Medicare Products         Aggregate Year-to-Date ▼	180.00			/ sacti	24 on ID		is Period	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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TIEMIZED RECEIPTS		Detailed Summary Page	X 11a	11b	11c	12 16	17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and ac	y not be sold or used by any p ldress of any political committee	erson for the	purpose of	of soliciting	contributi	tions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC						
A. Patrick Glavey Mailing Address 165 Windemere Road			Date o	f Receipt		y y y y 2011	Y
City Rochester	State NY	Zip Code 14610			: SA11AI.10 Receipt this		
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Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP, Medicar Aggregate	e Products /ear-to-Date ▼ 560.00	]				
Full Name (Last, First, Middle Initial)         B.       Patrick Glavey         Mailing Address 165 Windemere Road			Date o	f Receipt	D / Y	Y Y	Y
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Rochester FEC ID number of contributing federal political committee.	C	14610	Amoun	t of Each	Receipt this	Period 80.	00
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Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 640.00	1				
Full Name (Last, First, Middle Initial) C. Patrick Glavey			Date o	f Receipt			
Mailing Address 165 Windemere Road			05		D / Y	ууу 2011	Y
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Name of Employer MVP Receipt For: Primary General Other (specify) $\checkmark$	Occupation VP, Medicar Aggregate	e Products /ear-to-Date ▼ 720.00	]				
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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (Ir	ר Full)						
MVP Health Care I	Inc. Federal PAC						
Full Name (Last, First, Mide A. Patrick Glavey	dle Initial)		Date of F	Receint			
Mailing Address 165 Winde	emere Road				Y Y	Y	Y
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC															
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road				Date o		ceipt 30		2011	Y							
	City Rochester	State NY	Zip Code 14610					<b>: SA11AI</b> . Receipt th	.10578								
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B.	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		·						N - N	Y							
		State Zip Code					02 10 / Y Y Y Y Y 02 10 2011										
	City Schenectady	NY	12303		Transaction ID : SA11AI.10581												
	FEC ID number of contributing federal political committee.	С				,		70	0.00								
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<u></u> с.	Full Name (Last, First, Middle Initial) Denise Gonick				Date o	f Rec	ceipt										
	Mailing Address 803 Via Marchella				м м 02	/	24		ү ү 2011	Y							
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	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00														
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC							
Full Name (Last, First, Middle Initial)         A.       Denise Gonick         Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.	State NY C	Zip Code 12303		03 Trans	saction I		this Perioc	
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	I	ef Legal Officer Year-to-Date ▼ 350.00	]					
Full Name (Last, First, Middle Initial) <b>Denise Gonick</b> Mailing Address 803 Via Marchella				Date o	f Receip	t 24	2011	Y
City Schenectady FEC ID number of contributing federal political committee.	State NY	Zip Code 12303				D : SA11A h Receipt	this Perioc	d D.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	I	of Legal Officer Year-to-Date ▼ 420.00						
C. Full Name (Last, First, Middle Initial) Mailing Address 803 Via Marchella	State	Zip Code		м м 04			2011 1.10585	Y
Schenectady FEC ID number of contributing federal political committee.	C	12303		Amoun	t of Eac	h Receipt		0.00
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c	12	17
Any information copied from such Reports and S or for commercial purposes, other than using the						ose of	soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I									
Full Name (Last, First, Middle Initial)         Denise Gonick         Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify)					/ sactio	21 on ID :	SA11AI. Receipt th	iis Perioc	ý 1 0.00
Full Name (Last, First, Middle Initial)         Denise Gonick         Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼					actio	05	SA11AI. Receipt th	is Perioc	ý 1 0.00
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		for each category of the Detailed Summary Page	X	11a 13		11b 14	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using th				or the	purp	ose of	soliciting	contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial)         Denise Gonick         Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary         General		ef Legal Officer Year-to-Date ▼			actic	02	SA11AI. Receipt th	is Perioc	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. Denise Gonick	L	770.00		Date of	f Rec	eipt			
Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 12303 If Legal Officer Year-to-Date ▼ 840.00					SA11AL. teceipt th	is Perioc	y 1 0.00
Full Name (Last, First, Middle Initial)         Denise Gonick         Mailing Address 803 Via Marchella         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 12303 ef Legal Officer Year-to-Date ▼ 910.00			/ sactio	30 30	SA11AI. Receipt th	is Perioc	
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SCHEDULE A	(FEC Form 3X)
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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
				erson for the purpose of soliciting contributions to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC												
Α.	Full Name (Last, First, Middle Initial)         Christopher Henchey         Mailing Address 144 Berry Road			Date of Receipt										
	City	State	Zip Code	02 10 2011 Transaction ID : SA11AI.10622										
	Loudon	NH	03307	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		80.00										
	Name of Employer	Occupation	1	-										
	MVP	Vice Presid	lent											
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General		242.00	1										
	Other (specify)		240.00											
в.	Full Name (Last, First, Middle Initial) Christopher Henchey	·		Date of Receipt										
	Mailing Address 144 Berry Road			02 24 2011										
	City	State	Zip Code	Transaction ID : SA11AI.10623										
	Loudon	NH	03307	Amount of Each Receipt this Period										
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с.	Full Name (Last, First, Middle Initial) Christopher Henchey			Date of Receipt										
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	Primary General	33 1 3 4 4		1										
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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC		
Full Name (Last, First, Middle Initial)         A.         Christopher Henchey         Mailing Address 144 Berry Road			Date of Receipt
City Loudon	State NH	Zip Code 03307	Transaction ID : SA11AI.10624 Amount of Each Receipt this Period
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MVP	Vice Presid		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	1
Full Name (Last, First, Middle Initial) B. Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			M M / D D / Y Y Y Y Y 04 07 _2011 _
City Loudon	State NH	Zip Code 03307	Transaction ID : SA11AI.10625
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer MVP	Occupation Vice Preside		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	]
Full Name (Last, First, Middle Initial) C. Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			04 21 2011
City Loudon	State NH	Zip Code 03307	Transaction ID : SA11AI.10626 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer	Occupation		_
MVP Receipt For: Primary General Other (specify)	Vice Presid	ent Year-to-Date ▼ 640.00	]
SUBTOTAL of Receipts This Page (optional	al)	J	240.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13     14     15     16     17       y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial)         Christopher Henchey         Mailing Address 144 Berry Road         City         Loudon         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State NH       Zip Code 03307         C       Occupation         Occupation       Vice President         Aggregate Year-to-Date ▼       720.00	Date of Receipt
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NH 03307 C Occupation Vice President	Date of Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Full Name (Last, First, Middle Initial)         C.         Christopher Henchey         Mailing Address         144 Berry Road         City         Loudon         FEC ID number of contributing         federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State NH       Zip Code 03307         C       Occupation         Occupation       Vice President         Aggregate Year-to-Date ▼       880.00	Date of Receipt 06 02 2011 Transaction ID : SA11AI.10629 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)		240.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12					
Any information copied from such Reports and St	atements ma	may not be sold or used by any pe		13 or the	pur	14 pose o	15 f soliciting	16 contril		17 Dns			
or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	PAC												
Full Name (Last, First, Middle Initial)         Christopher Henchey         Mailing Address 144 Berry Road				Date o		eceipt		2011		ſ			
City	State	Zip Code	Transaction ID : SA11AI.10630										
Loudon	NH	03307	_ /	Amoun	t of	Each	Receipt th	is Perio	od				
FEC ID number of contributing federal political committee.	С					7	7		80.0	00			
Name of Employer	Occupation												
MVP	Vice Preside	ent											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 960.00											
Full Name (Last, First, Middle Initial) <b>B.</b> Christopher Henchey				Date o	of Re	eceipt							
Mailing Address 144 Berry Road				м м 06	/	30		2011		ſ			
City	State	Zip Code		Trans	10631								
Loudon	NH	03307	- 1	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С					7		ŧ	80.0	0			
Name of Employer	Occupation												
MVP	Vice Preside	ent											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00											
Full Name (Last, First, Middle Initial) C. David Henderson				Date o	of Re	eceipt							
Mailing Address 1 Loudon Heights				м м 03	/	D 11		2011					
City Loudonville	State NY	Zip Code 12211					: SA11AI						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this P						60.0	00			
Name of Employer	Occupation		$\neg$										
MVP	EVP, Sales	and Marketing											
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		240.00											
SUBTOTAL of Receipts This Page (optional)					1	3		22	20.0	0			

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

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)	
ITEMIZED RECEIPTS		

Use separate schedule(s) for each category of the

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(check only one)

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	nd Statements may not be sold or used by any the name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial)         A.         David Henderson         Mailing Address 1 Loudon Heights		Date of Receipt
City Loudonville	StateZip CodeNY12211	03     25     2011       Transaction ID : SA11AI.10637       Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer MVP Receipt For: Primary General	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.00	
Other (specify) ▼         Full Name (Last, First, Middle Initial)         B. David Henderson         Mailing Address 1 Loudon Heights		Date of Receipt
City Loudonville FEC ID number of contributing	State Zip Code NY 12211	04     08     2011       Transaction ID : SA11AI.10638       Amount of Each Receipt this Period
federal political committee. Name of Employer MVP	Occupation EVP, Sales and Marketing	60.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) C. David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights City State Zip Code		04 22 2011 Transaction ID : SA11AI.10639
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optiona	l)	180.00

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

Use separate schedule(s) for each category of the

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(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С	
MVP E	State     Zip Code       NY     12211       C       Decupation       EVP, Sales and Marketing       Aggregate Year-to-Date ▼       480.00	Date of Receipt
MVP E	State       Zip Code         NY       12211         C       C         Decupation       VP, Sales and Marketing         Aggregate Year-to-Date ▼       540.00	Date of Receipt
MVP E	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 600.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		180.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED RECEIPTS			

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

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(check only one)

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TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		13     14     15     16     17       person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
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 ▼         660.00	Date of Receipt 06 17 2011 Transaction ID : SA11AI.10643 Amount of Each Receipt this Period 60.00
Full Name (Last, First, Middle Initial)         Allen Hinkle         Mailing Address 65 Jenkins Rd.         City         Lebanon         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NH       03766         C       Occupation         Occupation       Chief Medical Officer         Aggregate Year-to-Date ▼       1000.00	Date of Receipt 02 11 2011 Transaction ID : SA11AI.11567 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial)         Rosemarie Hogan         Mailing Address 45 Crestwood Drive         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State NY       Zip Code         NY       12306         C       Occupation         Administrative       Aggregate Year-to-Date ▼         220.00       220.00	Date of Receipt 06 / 03 / 2011 Transaction ID : SA11AI.10680 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		1080.00

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
	ny information copied from such Reports and S for commercial purposes, other than using the				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC			
Full Name (Last, First, Middle Initial)         A.         Rosemarie Hogan         Mailing Address       45 Crestwood Drive				Date of Receipt	
	City Schenectady	State NY	Zip Code 12306	Transaction ID : SA11AI.10681 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		20.00	
	Name of Employer MVP	Occupation Administrat			
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 240.00		
В.	Full Name (Last, First, Middle Initial) Kevin Husted			Date of Receipt	
	Mailing Address 38 Fox Hill Drive			04 07 2011	
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.10728	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period	
	Name of Employer MVP	Occupation VP Informa	tion Technology		
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) C. Kevin Husted Mailing Address 38 Fox Hill Drive				Date of Receipt	
				04 21 2011	
	City Fairport	State NY	Zip Code 14450	Transaction ID : SA11AI.10729 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		30.00	
	Name of Employer	Occupation	I		
	MVP	VP Informa	tion Technology		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00		
s	UBTOTAL of Receipts This Page (optional)		•••••	80.00	

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

FEC Schedule A (Form 3X) Rev. 02/2003

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial)         Kevin Husted         Mailing Address 38 Fox Hill Drive         City         Fairport         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 14450 tition Technology Year-to-Date ▼ 270.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Kevin Husted         Mailing Address 38 Fox Hill Drive         City         Fairport         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 14450 tion Technology Year-to-Date ▼ 300.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Kevin Husted         Mailing Address 38 Fox Hill Drive         City         Fairport         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)		Zip Code 14450 n n ntion Technology Year-to-Date ▼ 330.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			90.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
✓       Full Name (Last, First, Middle Initial)         A.       Kevin Husted         Mailing Address 38 Fox Hill Drive         City         Fairport         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)		Zip Code 14450 tion Technology Year-to-Date ▼ 360.00	Date of Receipt 06 16 2011 Transaction ID : SA11AI.10733 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) B. Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport	State	Zip Code 14450	Date of Receipt 06 ' 30 ' 2011 Transaction ID : SA11AI.10734
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	Occupation VP Informa		Amount of Each Receipt this Period
C. Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	State NY C Occupation VP of Lega	l Affairs	Date of Receipt 03 25 2011 Transaction ID : SA11AI.10753 Amount of Each Receipt this Period 40.00
General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional).		Year-to-Date ▼ 240.00	100.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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		Detailed Summary Page		< 11a 13		11b 14	11c		12 16	<b>1</b> 1	7
Any information copied from such Reports and or for commercial purposes, other than using			for the		pose o	f soliciting		ntribut	tions	<u></u>	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC										
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation VP of Lega Aggregate				/ acti	08		.107	Period	Y .00	]
Full Name (Last, First, Middle Initial) <b>B.</b> Dawn Jablonski Mailing Address 213 Hansen Ave City Albany	State NY	Zip Code 12208			/ acti	22 on ID :		1075		Y	
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	C Occupation VP of Legal Aggregate		]			φ. 1			40.	00	]
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation VP of Lega Aggregate				/ sact	ion ID		20 .107	Period	Ч .00	]
SUBTOTAL of Receipts This Page (optional).			•			,			120.	00	]

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and s or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12208         C       Occupation         VP of Legal Affairs         Aggregate Year-to-Date ▼         400.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 440.00	Date of Receipt
Other (specify) ▼         Full Name (Last, First, Middle Initial)         Dawn Jablonski         Mailing Address 213 Hansen Ave         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     12208       C       Occupation       VP of Legal Affairs       Aggregate Year-to-Date ▼       480.00	Date of Receipt 06 / 17 2011 Transaction ID : SA11AI.10759 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	·	120.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial)         Joseph Lia         Mailing Address 12 Sutherland Drive         City         Highland Mills         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State       Zip Code         NY       10930         C       Occupation         Occupation       VP of Mid-Hudson Region         Aggregate Year-to-Date ▼         210.00         7       7	Date of Receipt 04 07 2011 Transaction ID : SA11AI.10843 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial)         Joseph Lia         Mailing Address 12 Sutherland Drive         City         Highland Mills         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State     Zip Code       NY     10930       C       Occupation       VP of Mid-Hudson Region       Aggregate Year-to-Date ▼	Date of Receipt 04 21 2011 Transaction ID : SA11AI.10844 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial)         Joseph Lia         Mailing Address 12 Sutherland Drive         City         Highland Mills         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State NY       Zip Code 10930         C       Occupation         VP of Mid-Hudson Region       Aggregate Year-to-Date ▼         270.00       270.00	Date of Receipt 05 05 2011 Transaction ID : SA11AI.10845 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		90.00

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS	Detailed Summary Page		X 11a		11b	11c		12	<u> </u>	
Any information copied from such Reports and S or for commercial purposes, other than using the									ons	17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F						nom suc				
Full Name (Last, First, Middle Initial)         Joseph Lia         Mailing Address 12 Sutherland Drive         City         Highland Mills         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       10930         C       Occupation         VP of Mid-Hudson Region         Aggregate Year-to-Date ▼         300.0	00		sact	19 tion ID		20 . <b>108</b> 4		Y 00	]
Full Name (Last, First, Middle Initial)         Joseph Lia         Mailing Address 12 Sutherland Drive         City         Highland Mills         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     10930       C       Occupation       VP of Mid-Hudson Region       Aggregate Year-to-Date ▼	0		sact	02 ion ID	2 2 2 3 8 4 7 7		11 <b>17</b>	У ОО	]
Full Name (Last, First, Middle Initial)         Joseph Lia         Mailing Address 12 Sutherland Drive         City         Highland Mills         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip     Code       NY     10930       C       Occupation       VP of Mid-Hudson Region       Aggregate Year-to-Date ▼       360.0	)0		sact	16 tion ID		20 1 <b>.108</b> 4			]
SUBTOTAL of Receipts This Page (optional)		🕨			7	- 7		90.0	00	]

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports or for commercial purposes, other than usin	and Statements may not be sold or used by any point of the name and address of any political committee	person 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)         A.       Joseph Lia         Mailing Address       12 Sutherland Drive         City       Highland Mills	State Zip Code NY 10930	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial)         B.       William V. Little         Mailing Address 300 Partridge Lane		Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: □ Primary □ General Other (specify) ▼	State     Zip Code       VT     05445       C       Occupation       VP Vermont       Aggregate Year-to-Date ▼       210.00	Transaction ID : SA11AI.10855         Amount of Each Receipt this Period         30.00
Full Name (Last, First, Middle Initial)         William V. Little         Mailing Address 300 Partridge Lane         City         Charlotte         FEC ID number of contributing federal political committee.         Name of Employer         MVP Service Corp.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         VT       05445         C       Occupation         Occupation       VP Vermont         Aggregate Year-to-Date ▼       240.00	Date of Receipt 04 21 2011 Transaction ID : SA11AI.10856 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (option	al)	90.00

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

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

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X 11a 11b 12 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Α. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M M / 05 05 2011 City State Zip Code Transaction ID : SA11AI.10857 VT Charlotte 05445 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M M 2011 05 19 City State Zip Code Transaction ID : SA11AI.10858 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP Service Corp. VP Vermont Receipt For: Aggregate Year-to-Date ▼ Primarv General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. William V. Little Date of Receipt Mailing Address 300 Partridge Lane M = M / D 02 06 2011 City Zip Code State Transaction ID : SA11AI.10859 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP** Vermont MVP Service Corp. Receipt For: Aggregate Year-to-Date V Primary General 330.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
				erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC						
Full Name (Last, First, Middle Initial)         A.         William V. Little         Mailing Address 300 Partridge Lane				Date of Receipt				
	City Charlotte	State VT	Zip Code 05445	Transaction ID : SA11AI.10860           Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer MVP Service Corp.	Occupation VP Vermon						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00					
B.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt				
	Mailing Address 300 Partridge Lane	06 / D D / Y Y Y Y 06 30 2011						
	City	State VT	Zip Code	Transaction ID : SA11AI.10861				
	Charlotte FEC ID number of contributing federal political committee.	С	05445	Amount of Each Receipt this Period				
	Name of Employer MVP Service Corp.	Occupation VP Vermon		_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Carl Maleri Jr.	1		Date of Receipt				
	Mailing Address 19 Crimson Way			03 24 Y Y Y Y Y				
	City Webster	State NY	Zip Code 14580	Transaction ID : SA11AI.10919 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		С		40.00				
	Name of Employer	Occupation	l	_				
	MVP	VP, Underv	vriting and Analysis					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00					
s	SUBTOTAL of Receipts This Page (optional)			100.00				

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

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Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and State or for commercial purposes, other than using the na		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С	
Name of Employer C MVP V Receipt For:	State       Zip Code         NY       14580         C       C         Decupation       P, Underwriting and Analysis         Aggregate Year-to-Date ▼       280.00	Date of Receipt
Name of Employer C MVP V Receipt For:	State       Zip Code         NY       14580         C       C         Decupation       P, Underwriting and Analysis         Aggregate Year-to-Date ▼       320.00	Date of Receipt
Name of Employer C MVP V Pageint For:	State       Zip Code         NY       14580         C       C         Decupation       (P, Underwriting and Analysis         Aggregate Year-to-Date ▼       360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		120.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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83

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
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	PAC		
Full Name (Last, First, Middle Initial)         Carl Maleri Jr.         Mailing Address 19 Crimson Way         City         Webster         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	-	Zip Code 14580 rriting and Analysis Year-to-Date ▼ 400.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Carl Maleri Jr.         Mailing Address 19 Crimson Way         City         Webster         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 14580 riting and Analysis Year-to-Date ▼ 440.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Carl Maleri Jr.         Mailing Address 19 Crimson Way         City         Webster         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 14580 ////////////////////////////////////	Date of Receipt          06       16       2011         Transaction ID : SA11AI.10925         Amount of Each Receipt this Period         40.00
SUBTOTAL of Receipts This Page (optional)			120.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		nd Statements m	ts may not be sold or used by any per			14 14			15 liciting c	16 contribu	tions	17	
or	for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	olicit co	ontributio	ons f	iron	n such c	commit	tee.		
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC											
<u> </u>	Full Name (Last, First, Middle Initial) Carl Maleri Jr.				Date c	of Recei	pt						
	Mailing Address 19 Crimson Way				м – м 06	И / Т	30	>		y y 2011	Y		
	City	State	Zip Code		Tran	saction	ID :	SA	11AI.10	926			
	Webster	NY	14580		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					_	-	9	40	0.00		
	Name of Employer	Occupation	1										
	MVP	VP, Underv	vriting and Analysis										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		500.00	11									
	Other (specify)	520.00											
в.	Full Name (Last, First, Middle Initial) Augusta Martin				Date c	of Recei	pt						
	Mailing Address 457 Crescent Ave				04 07 2011								
	City	State	Zip Code		Trans	saction	ID :	SA	11AI.10	933			
	Saratoga	NY	12866		Amour	nt of Ea	ch R	lece	eipt this	Period			
	FEC ID number of contributing federal political committee.	С					_		7	30	.00		
	Name of Employer	Occupation	l										
	MVP Health Care	VP Marketii	ng										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Augusta Martin				Date c	of Recei	pt						
	Mailing Address 457 Crescent Ave				04	л / т	21			y y 2011	Y		
	City	State	Zip Code		Tran	saction	ID :	SA	11AI.10	934			
	Saratoga	NY	12866		Amour	nt of Ea	ch R	lece	eipt this	Period			
	FEC ID number of contributing federal political committee.				_	_	3	30	0.00				
	Name of Employer	Occupation	I										
	MVP Health Care	VP Marketi	ng										
	Receipt For:	Aggregate	Year-to-Date ▼										
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	UBTOTAL of Receipts This Page (optiona	0			<b>_</b>			-		100	.00	٦	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a		for each category of the Detailed Summary Page		11a	11b		12	<u> </u>
		ot be sold or used by any poss of any political committee	erson fo	13 or the p cit con	14 purpose ptribution	of solicitin	g contribu contribu	tions tee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC							
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee.	State NY C	Zip Code 12866	[	05 Transa	action I		his Period	
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation VP Marketing Aggregate Yea	r-to-Date ▼ 270.00	]					
Full Name (Last, First, Middle Initial) B. Augusta Martin Mailing Address 457 Crescent Ave			D	Date of		t 19	2011	Y
City	State NY	Zip Code 12866				D : SA11AI		
Saratoga FEC ID number of contributing federal political committee. Name of Employer	Occupation			mount	of Each	h Receipt tl		.00
MVP Health Care Receipt For: Primary General Other (specify) v	VP Marketing Aggregate Yea	r-to-Date ▼ 300.00	]					
Full Name (Last, First, Middle Initial) C. Augusta Martin			D	ate of	Receipt	t		
Mailing Address 457 Crescent Ave	State NY	Zip Code 12866			action I	02 D : SA11AI h Receipt tl		
FEC ID number of contributing federal political committee.	С			mount		1		0.00
Name of Employer MVP Health Care Receipt For:	Occupation VP Marketing							
Primary General Other (specify) ▼	Aggregate Yea	r-to-Date ▼ 330.00	]					
SUBTOTAL of Receipts This Page (optional	al)	·······					90.	.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

FOR LINE NUMBER:

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	Detailed Summary Pag	$ge \qquad X \qquad 11a \qquad 11b \qquad 11c \qquad 12 \qquad ge \qquad ge \qquad x \qquad ye \qquad ye \qquad ye \qquad ye \qquad ye \qquad ye \qquad ye$
Any information copied from such Reports a or for commercial purposes, other than usir	And Statements may not be sold or used by ig the name and address of any political cor	13         14         15         16         17           any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial)         Augusta Martin         Mailing Address 457 Crescent Ave         City         Saratoga         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General	State       Zip Code         NY       12866         C       Occupation         VP Marketing       Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) B. Augusta Martin	360.	Date of Receipt
Mailing Address 457 Crescent Ave	State Zin Cade	M = M / D = D / Y = Y = Y = Y 06 30 2011
City Saratoga	State Zip Code NY 12866	Transaction ID : SA11AI.10939
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.0	00
Full Name (Last, First, Middle Initial) C. Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		03 24 2011
City Rochester	StateZip CodeNY14626	Transaction ID : SA11AI.10958 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP	VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.	.00
SUBTOTAL of Receipts This Page (option	al)	100.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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83

TEMIZED RECEIPTS		tor each category of the Detailed Summary Page		11a	111	o 🗌 11c	12	_			
Any information copied from such Reports and	ay not be sold or used by any p	erson f	13 or the	purpose	e of soliciti	ing contrib	utions				
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		ddress of any political committee	e to so	licit co	ntributio	ns from su	ıch commi	ttee.			
/											
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City	State	Zip Code		м м 04	J L	07 ID : SA114	2011 <b>AI.10959</b>	Ý			
Rochester	NY	14626	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С						4	0.00			
Name of Employer	Occupation										
MVP Receipt For: Primary General Other (specify) ▼		ss Excellence Year-to-Date ▼ 280.00	1								
Full Name (Last, First, Middle Initial) <b>Laurie Metheny</b>				Date of	f Receip	ot					
Mailing Address 21 Joellen Drive				м м 04	/ D	21 /	y y y 2011	Y			
City Rochester	State NY	Zip Code 14626				ID : SA11A					
FEC ID number of contributing federal political committee.	С	14020		Amoun	t of Eac	ch Receipt		d 0.00			
Name of Employer MVP	Occupation VP, Busines	ss Excellence									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	]								
Full Name (Last, First, Middle Initial) C. Laurie Metheny	I			Date of	f Receip	ot					
Mailing Address 21 Joellen Drive				м м 05	/ D	05	2011	Y			
City Rochester	State NY	Zip Code 14626				ID:SA11/		d			
FEC ID number of contributing federal political committee.					4	0.00					
Name of Employer MVP	Occupation VP, Busine	ss Excellence									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 360.00									
SUBTOTAL of Receipts This Page (optional)	· 							0.00			

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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ITEMIZED RECEIPTS			Detailed Summary Page		<b>&lt;</b> 11a	11b		11c	12		
	information assist from such Departs on	d Otatana anta ma			13	14		15	16		17
or	ny information copied from such Reports and for commercial purposes, other than using	the name and a	ay not be sold or used by any political committee	erson e to so	olicit co	purpose ntributions	of soi s from	such c	ontribut	ions ee.	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC									
<u> </u>	Full Name (Last, First, Middle Initial) Laurie Metheny				Date of	f Receipt					
	Mailing Address 21 Joellen Drive				м – м 05	/ D	9		2011	Y	
	City Rochester	State NY	Zip Code 14626			saction ID				_	
	FEC ID number of contributing federal political committee.	С								.00	
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	MVP	VP, Busine	ss Excellence								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify)		400.00	1							
в.	Full Name (Last, First, Middle Initial) Laurie Metheny				Date o	f Receipt					
	Mailing Address 21 Joellen Drive		м м 06		)2	/ Y Y 2	011	Y			
	City	State	Zip Code		Transaction ID : SA11AI.10964						
	Rochester	NY	14626	_	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			40.00						
	Name of Employer MVP	Occupation	ss Excellence								
	Receipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼		440.00	]							
<u>с</u> .	Full Name (Last, First, Middle Initial) Laurie Metheny				Date o	f Receipt					
	Mailing Address 21 Joellen Drive				м м 06		D 16		011	Y	
	City Rochester	State NY	Zip Code 14626			<b>saction ID</b> t of Each					
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	Receipt For: Primary General	Aggregate	Year-to-Date ▼								
	Other (specify)		480.00								
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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		Detailed Summary Page		<b>&lt;</b> 11a	1	1b	11	с	12		
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements m the name and a	ay not be sold or used by any p address of any political committe	erson e to so	for the plicit cor	purpo ntributi	se of	from s	iting co such co	ntribut	ions ee.	
NAME OF COMMITTEE (In Full)	-										
MVP Health Care Inc. Federa	IPAC										
Full Name (Last, First, Middle Initial) A. Laurie Metheny				Date of	f Rece	eipt					
Mailing Address 21 Joellen Drive				м м 06	/	30			011	Y	
City	State	Zip Code	-		action			∠ 1AI.109			
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Receipt For:	Aggregate	Year-to-Date ▼									
Primary General		500.00	11.								
Other (specify)		520.00									
Full Name (Last, First, Middle Initial) B. James Morrill	ż			Date of	f Rece	eipt					
Mailing Address 54 Henderson Road				м м 03	1	D I I		Y Y Y	у 011	Y	
City	State	Zip Code			action			I AI.109			
Glenmont	NY	12077		Amount							
FEC ID number of contributing federal political committee.	С							,	50.	00	]
Name of Employer	Occupation	1									
MVP	EVP, HR										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]								
Full Name (Last, First, Middle Initial) C. James Morrill				Date of	f Bece	eint					
Mailing Address 54 Henderson Road				03		24			0 <u>1</u> 1	Y	
City	State	Zip Code			actio			1AI.109			
Glenmont	NY	12077		Amount							
FEC ID number of contributing federal political committee.	С		50.00					]			
Name of Employer	Occupation	1	-								
MVP	EVP, HR										
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Other (specify)		300.00									
SUBTOTAL of Receipts This Page (optional).									140.	00	1

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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		Detailed Summary Page	11a 13		11b 14	11c		12		
Any information copied from such Re or for commercial purposes, other that			or the		ose of					_
NAME OF COMMITTEE (In Full) MVP Health Care Inc. F	ederal PAC									
Full Name (Last, First, Middle Initial James Morrill         Mailing Address 54 Henderson Ro         City         Glenmont         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	ad State NY C Occupation EVP, HR	Zip Code 12077 Year-to-Date ▼ 350.00		/ sacti	07 on ID :		.109		У 00	
Full Name (Last, First, Middle Initial         B. James Morrill         Mailing Address 54 Henderson Road         City         Glenmont         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	ad State NY C Occupation EVP, HR	Zip Code 12077 Year-to-Date ▼ 400.00		/ actio	21 on ID :		1098		У 00	
Full Name (Last, First, Middle Initial James Morrill         Mailing Address 54 Henderson Ro         City         Glenmont         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	ad State NY C Occupation EVP, HR	Zip Code 12077 Year-to-Date ▼ 450.00		/ sacti	05 on ID		20 . <b>109</b>		Y .00	
SUBTOTAL of Receipts This Page (	optional)				,			150.	00	

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)         James Morrill         Mailing Address 54 Henderson Road         City         Glenmont         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12077         C       Occupation         EVP, HR       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. James Morrill         Mailing Address 54 Henderson Road         City         Glenmont         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     12077       C       Occupation       EVP, HR       Aggregate Year-to-Date ▼       550.00	Date of Receipt
Full Name (Last, First, Middle Initial)         James Morrill         Mailing Address 54 Henderson Road         City         Glenmont         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State NY       Zip Code         NY       12077         C       Occupation         EVP, HR       Aggregate Year-to-Date ▼         600.00       600.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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•••	EMIZED RECEIPTS		Detailed Summary Page	×	11a 13		1b 4	11		12 16		17
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Α.	Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road				Date o		eipt D 30			2011	Ŷ	
	City	State	Zip Code			sactio			1AI.109			
	Glenmont	NY	12077		Amoun	t of Ea	ach I	Receip	ot this	Period		
	FEC ID number of contributing federal political committee.	С				. ,			,	50	.00	
	Name of Employer	Occupation	l									
	MVP	EVP, HR										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		650.00	11								
	Other (specify)		1	4								
в.	Full Name (Last, First, Middle Initial) Richard Odorizzi				Date o	f Rece	eipt					
	Mailing Address 71 East Claremond Drive				м м 06	/	D 02			011	Y	
	City	State	Zip Code		Trans	action	n ID :	: SA11	AI.110	43		
	Voorheesville	NY	12186		Amoun	t of Ea	ach I	Receip	ot this	Period		
	FEC ID number of contributing federal political committee.	С							,	20	.00	
	Name of Employer	Occupation	l									
	MVP	Director of F	Finance									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	]								
<u>с</u> .	Full Name (Last, First, Middle Initial) Richard Odorizzi	l			Date o	f Rece	eipt					
	Mailing Address 71 East Claremond Drive				м м 06	/	D 16			011	Y	
	City	State	Zip Code		Trans	sactio	n ID	: SA11	1AI.110	)44		
	Voorheesville	NY	12186		Amoun	t of Ea	ach I	Receip	ot this	Period		
	FEC ID number of contributing federal political committee.	С		2					20	.00		
	Name of Employer	Occupation	l									
	MVP	Director of	Finance									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General			1								
	Other (specify)		240.00									
5	UBTOTAL of Receipts This Page (optional)									90.	00	٦

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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	Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial)         Richard Odorizzi         Mailing Address 71 East Claremond Drive         City         Voorheesville         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State     Zip Code       NY     12186       C       Occupation       Director of Finance       Aggregate Year-to-Date ▼       260.0	Date of Receipt
Full Name (Last, First, Middle Initial)         David Orlando         Mailing Address 3 Clare Castle         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12205         C       Occupation         Occupation       Corp VP of Operations         Aggregate Year-to-Date ▼       210.0	Date of Receipt
Full Name (Last, First, Middle Initial)         David Orlando         Mailing Address 3 Clare Castle         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12205         C       Occupation         Occupation       Corp VP of Operations         Aggregate Year-to-Date ▼       240.0	Date of Receipt 04 21 2011 Transaction ID : SA11AI.11053 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		80.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	;	

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

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NAME OF COMMITTEE (In Fu MVP Health Care Inc											
Full Name (Last, First, Middle I David Orlando Mailing Address 3 Clare Castle				Date of		ceipt			v	V	
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Albany	NY	12205	_				: SA11AI Receipt th				
FEC ID number of contributing federal political committee.	C					,		_	30	.00	
Name of Employer MVP Health Care, Inc.	Occupation Corp VP of										
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 270.00	]								
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Mailing Address 3 Clare Castle				м м 05	/	D 19		20	ү 011	Y	
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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	11b	11c	12	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC							
Full Name (Last, First, Middle Initial)         David Orlando         Mailing Address 3 Clare Castle         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Corp VP of Aggregate			t 16 2011 D: SA11AI.11057 n Receipt this Period 30.00				
Full Name (Last, First, Middle Initial)         B. David Orlando         Mailing Address 3 Clare Castle         City         Albany         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Corp VP of Aggregate			06 Trans	action ID	30 / Y 30 : SA11AI. Receipt th	nis Period	9.00
Full Name (Last, First, Middle Initial)         C.         Donald Rahn         Mailing Address 931 Northumberland Dr.         City         Niskayuna         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation Assoc. Dire Aggregate			M M 06 Trans	( saction ID		nis Period	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEIMIZED RECEIPTS		ach category of the illed Summary Page	X 11a	11b	11c	12	17
Any information copied from such Reports an or for commercial purposes, other than using	I nd Statements may not b the name and address	e sold or used by any p of any political committe	erson for the	purpose c	of soliciting	contribut	tions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC						
A. Donald Rahn Mailing Address 931 Northumberland Dr.			Date o	f Receipt		2011	Ŷ
City Niskayuna		Code 309		<b>saction ID</b> t of Each			
FEC ID number of contributing federal political committee.	С				7	20.	.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Assoc. Director Aggregate Year-to	-Date ▼ 240.00	]				
Full Name (Last, First, Middle Initial)         B.       Ellen Runyon         Mailing Address       625 State Street			M			2044	Y
City		Code		02 Saction ID	: SA11AI.		
Schenectady FEC ID number of contributing federal political committee.	NY 12	047	Amoun	t of Each	Receipt th	iis Period 20.	.00
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Mailing Address 625 State Street			06	/ D		у у 2011	Y
City Schenectady		0 Code 047		<b>saction ID</b> t of Each			
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Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP of E Business Aggregate Year-to	-Date ▼ 240.00	]				
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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TEMIZED RECEIPTS		Detailed Summary Page		<b>&lt;</b> 11a		11b	11c		12	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P										
Full Name (Last, First, Middle Initial)         Full Name (Last, First, Middle Initial)         A.         Ellen Runyon         Mailing Address 625 State Street         City         Schenectady         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation VP of E Bus Aggregate				/ sact	30 ion ID			11 5	У ОО
Full Name (Last, First, Middle Initial)         Thomas Ryan         Mailing Address 24 Bluestone Ridge         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation VP Underwi Aggregate				acti	08			2	Y )0
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Any information copied from such Reports and S	Statements may not be sold or user	hy any perse	13 r the	<u> </u>	14 19	15 f soliciting	16 a contrib	ution	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial)         Thomas Ryan         Mailing Address 24 Bluestone Ridge         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify)	State       Zip Code         NY       12065         C       Occupation         VP Underwriting       Aggregate Year-to-Date ▼	270.00		/ actio	06 on ID :		nis Perio	d 0.00	
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		
Full Name (Last, First, Middle Initial)         Thomas Ryan         Mailing Address 24 Bluestone Ridge         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12065         C       Occupation         VP Underwriting         Aggregate Year-to-Date ▼         360.00	Date of Receipt
Full Name (Last, First, Middle Initial) <b>Daniel Sauer</b> Mailing Address 160 Fifth Avenue         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       NY     12866       C       Occupation       VP Sales       Aggregate Year-to-Date ▼       210.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C. Daniel Sauer         Mailing Address 160 Fifth Avenue         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         NY       12866         C       Occupation         VP Sales       Aggregate Year-to-Date ▼         240.00       240.00	Date of Receipt 04 21 2011 Transaction ID : SA11AI.11245 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		▶ 90.00

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	_
Any information copied from such Reports and									
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		ddress of any political committee	e to so	licit co	ontrik	outions	from suc	h commit	tee.
Full Name (Last, First, Middle Initial)         Daniel Sauer         Mailing Address 160 Fifth Avenue         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify) ▼	State NY C Occupation VP Sales Aggregate	Zip Code 12866 Year-to-Date ▼ 270.00			sact	05 ion ID		nis Perioc	_
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Full Name (Last, First, Middle Initial)         Daniel Sauer         Mailing Address 160 Fifth Avenue         City         Saratoga Springs         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State NY C Occupation VP Sales Aggregate	Zip Code 12866 Year-to-Date ▼ 330.00			sact	02 tion ID		nis Perioc	_
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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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		Detailed Summary Page		11a 13		11b 14		11c	12 16		17
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue				Date o		ceipt	D	/	Ý	Y	
City	State	Zip Code		06		16	5	2	2011		
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Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00									
Full Name (Last, First, Middle Initial) <b>B.</b> Daniel Sauer	•			Date o	f Re	ceipt					
Mailing Address 160 Fifth Avenue				м м 06	1	30		/ Y Y	011	Y	
City	State NY	Zip Code	-					11AI.112			
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Name of Employer MVP	Occupation VP Sales	1									
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Full Name (Last, First, Middle Initial) <b>Tracy Tadaro-Ott</b>	1			Date o	f Re	ceipt					
Mailing Address 33 Everett Drive				м м 03	1	24			011	Y	
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83

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Any information copied from such Reports a or for commercial purposes, other than usin				or the	purpose	of soliciting	g contribu	itions
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Full Name (Last, First, Middle Initial) A. Tracy Tadaro-Ott Mailing Address 33 Everett Drive City	State	Zip Code		M M 04 Trans	c saction ID	)7 )7 ) : SA11AI		
Rochester         FEC ID number of contributing         federal political committee.	NY C	14624		Amoun	t of Each	Receipt th		I D.00
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City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14624		Trans	action ID	<b>) : SA11AI.</b> Receipt th	<b>.11344</b> his Period	I ).00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Sales Aggregate	Year-to-Date ▼ 320.00			,	,		
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott				Date o	f Receipt			
Mailing Address 33 Everett Drive          City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General Other (specify)	State NY C Occupation VP, Sales Aggregate	Zip Code 14624 Year-to-Date ▼ 360.00			( saction IC	D / Y D : SA11AI Receipt th	his Period	
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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC							
Full Name (Last, First, Middle Initial)         A.         Tracy Tadaro-Ott         Mailing Address 33 Everett Drive         City         Rochester         FEC ID number of contributing federal political committee.	State NY	Zip Code 14624		M M M 05 Trans	1 saction ID	9 9 2: SA11AI. Receipt th	nis Period	
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)         B.         Tracy Tadaro-Ott         Mailing Address 33 Everett Drive				Date o		D / Y	2011	Y
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Full Name (Last, First, Middle Initial)         Tracy Tadaro-Ott         Mailing Address 33 Everett Drive         City         Rochester         FEC ID number of contributing federal political committee.         Name of Employer         MVP         Receipt For:         Primary       General         Other (specify)	State NY C Occupation VP, Sales Aggregate	Zip Code 14624 Year-to-Date ▼ 480.00		06 Trans	1 saction ID	D / Y D : SA11AI. Receipt th	nis Period	
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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$\left  \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC										
Α.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive					Date o	_	· ·	_			
		State	Zip Code			06		30		2011	Y	
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			14024		- 1	Amoun	t of	Each I	Receipt this	Period		_
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	Primary General Other (specify) ▼		y y y	520.00								
в.	Full Name (Last, First, Middle Initial) John Vangraafeiland					Date o	f Re	ceipt				
	Mailing Address 85 Pinehurst Place					03	/	24		2011	Y	
	City	State	Zip Code			Trans	acti		SA11AI.11			
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c.	Full Name (Last, First, Middle Initial) John Vangraafeiland					Date o	f Re	ceipt				
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Use separate schedule(s) for each category of the

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City Middletown		State CT	Zip Code 06457	т	rans		ID:SA11A	I.11392	d
FEC ID numb federal politica	per of contributing al committee.	С						4	0.00
Name of Emp MVP	bloyer	Occupation CIO							
Receipt For: Primary Other (s	General Specify)	Aggregate	Year-to-Date ▼ 320.00	]					
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MVP		CIO							
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	MITTEE (In Full) h Care Inc. Federal	PAC			
A. John Vangra	, First, Middle Initial) afeiland 85 Pinehurst Place			Date of Receipt	2011
City Middletown		State CT	Zip Code 06457	Transaction ID : SA11A Amount of Each Receipt	AI.11395
FEC ID number federal political o	0	С			40.00
Name of Employ MVP Receipt For:		Occupation CIO Aggregate	Year-to-Date ▼	_	
Other (spe			440.00		
B. John Vangra	, First, Middle Initial) aafeiland 85 Pinehurst Place			Date of Receipt	Y Y Y Y Y
City Middletown		State CT	Zip Code 06457	06 16 Transaction ID : SA11A Amount of Each Receipt	
FEC ID number federal political o	0	С			40.00
Name of Employ MVP	/er	Occupation CIO			
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 480.00		
c. John Vangr		•		Date of Receipt	
Mailing Address	85 Pinehurst Place	State	Zip Code		2011
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SUBTOTAL of Re	ceipts This Page (optional)				120.00

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SCHEDULE A	(FEC	Form	3X)
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TEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by a the name and address of any political comr	13     14     15     16     17       ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa		
Full Name (Last, First, Middle Initial)         Shanon Vollmer         Mailing Address 30 Wilton Court         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify)	State     Zip Code       NY     12065       C       Occupation       Associate Counsel       Aggregate Year-to-Date ▼       210.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Shanon Vollmer Mailing Address 30 Wilton Court	·	Date of Receipt
City Clifton Park FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Transaction ID : SA11AI.11405           Amount of Each Receipt this Period           30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Associate Counsel Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State NY     Zip Code 12065       C       Occupation Associate Counsel       Aggregate Year-to-Date ▼       270.00	05 05 2011 Transaction ID : SA11AI.11406 Amount of Each Receipt this Period 30.00
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SCHEDULE A	(FEC Form 3X)
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в.	Shanon Vollmer				Date of	f Re	eceipt					
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с.	Full Name (Last, First, Middle Initial) Shanon Vollmer				Date of	f Re	eceipt					
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✓       Full Name (Last, First, Middle Initial)         A.       Shanon Vollmer         Mailing Address 30 Wilton Court         City         Clifton Park         FEC ID number of contributing federal political committee.         Name of Employer         MVP Health Care, Inc.         Receipt For:         Primary       General         Other (specify) ▼	State Zip NY 120 C Occupation Associate Counsel Aggregate Year-to-			M M 06 Trans	action ID	0 / Y 0 : SA11AI Receipt th	nis Period	
B. Tracey Welch Mailing Address 134 Thornberry Lane				Date of	Receipt	D / Y	YY	Y
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$\setminus$	NAME OF COMMITTEE (In Full)													
$ \rangle$	MVP Health Care Inc. Federal PAC	;												
Α.	Full Name (Last, First, Middle Initial) AMERICAS HEALTH INSURANCE	E PLAN	S PAC (AHIF	P PAC	;)	Date of	f Disb	ursen		Y Y	Ý			
	Mailing Address 601 PENNSYLVANIA AVENUE NV SUITE 500 SOUTH BUILDING	V				03 14 2011								
	WASHINGTON	State DC	Zip Code 20004			Trans	actio	n ID :	SB23.1 <sup>2</sup>	1581				
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в.	State:         District:           Full Name (Last, First, Middle Initial)           ANN MARIE BUERKLE FOR CON		Date of	f Disb	ursen		YY	Y						
	Mailing Address 3779 UNDERWOOD WAY		02		03		2011							
	SYRACUSE							n ID :	SB23.1	1575				
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	Candidate Name ANN MARIE BUERKLE			Catego Type		2500.00								
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C.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS	6				Date of	f Disb							
	Mailing Address PO BOX 247		03	/	22		2011	Y						
	City S KINDERHOOK	State NY	Zip Code 12106			Trans	SB23.1	1586						
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	City FREEDOM	State Zip Code PA 15042	)												
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	5	State Zip Code NY 10512	9		Transa	action ID	: SB23.1	1578							
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Detailed Summary Page       27       28a       28b       28c       29       38         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (In Full)       MVP Health Care Inc. Federal PAC         Full Name (Last, First, Middle Initial)       A.         A. JANE CORWIN FOR CONGRESS       Date of Disbursement         Mailing Address PO BOX 15385       04       2011         City       State       Zip Code         ROCHESTER       NV       14615         Purpose of Disbursement       Other (specify) +       Special-General         Full Name (Last, First, Middle Initial)       Primary       General         State:       NY       Disbursement For: 2011       Category/         Other (specify) +       Special-General       Special-General         Full Name (Last, First, Middle Initial)       B.       JANE CORWIN FOR CONGRESS       Date of Disbursement         Mailing Address       PO BOX 15385       Date of Disbursement       011         City       State:       NY       14615       Transaction ID: SB23.11620         Mailing Address       PO BOX 15385       Date of Disbursement this Period       0100.00         City       <			FOR LINE	NUMBER: PAGE 79 OF 83									
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)         A. JANE CORWIN FOR CONGRESS         Mailing Address PO BOX 15385         City         ROCHESTER         Purpose of Disbursement         Contribution         Candidate Name         JANE CORWIN         Office Sought:         Perisident         State:       NY         JANE CORWIN FOR CONGRESS         Mailing Address PO BOX 15385         City         State:       NY         JANE CORWIN FOR CONGRESS         Mailing Address PO BOX 15385         City       State         State:       NY         Identified Name         JANE CORWIN FOR CONGRESS         Mailing Address PO BOX 15385         City       State         Visite:       26         Visite:       26         Visite:       26         Visite:       26         Visite:       26         Visite:       26         Visite:       2	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 🗙 23 24 25 26									
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JANE CORWIN       Category/ Type       1000.00         Office Sought:       House Senate President       Disbursement For: 2011 Cher (specify) ▼       1000.00         State:       NY       District: 26       Special-General         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         Mailing Address       PO BOX 15385       Date of Disbursement         City ROCHESTER       State       Zip Code NY       Transaction ID : SB23.11620         Amount of Each Disbursement Contribution       011 Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House Senate       Disbursement For: 2011 President       Other (specify) ▼         State:       NY       Disbursement For: 2011 Category/ Type       Date of Disbursement this Period         Office Sought:       House Senate       Disbursement For: 2011 President       General         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         C.       MICHAEL GRIMM FOR CONGRESS       Date of Disbursement         Mailing Address 560 9TH STREET       Date of Disbursement       06			011	Amount of Each Disbursement this Period									
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Full Name (Last, First, Middle Initial)         B. JANE CORWIN FOR CONGRESS         Mailing Address PO BOX 15385         City       State         City       State         ROCHESTER       NY         Purpose of Disbursement         Contribution       011         Candidate Name       011         JANE CORWIN       011         Candidate Name       011         JANE CORWIN       011         Office Sought:       House         President       Disbursement For: 2011         State:       NY         District:       26         Full Name (Last, First, Middle Initial)       C         Mailing Address 560 9TH STREET       Date of Disbursement	Senate	Primary General											
B. JANE CORWIN FOR CONGRESS       Date of Disbursement         Mailing Address PO BOX 15385       Date of Disbursement         City       State       Zip Code         RCCHESTER       NY       14615         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         JANE CORWIN       011         Office Sought:       House         President       Disbursement For: 2011         Senate       Primary         Office Sought:       Disbursement For: 2011         Senate       Primary         Other (specify)	2.0000 2.0000 20	Special-Gene	ral										
Mailing Address       PO BOX 15385       05       18       2011         City       State       Zip Code       Transaction ID : SB23.11620         ROCHESTER       NY       14615       Amount of Each Disbursement this Period         Candidate Name       011       Category/ Type       1000.00         Office Sought:       House       Disbursement For: 2011       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: 2011       1000.00         State:       NY       District: 26       Special-General         Full Name (Last, First, Middle Initial)       C. MICHAEL GRIMM FOR CONGRESS       Date of Disbursement         Mailing Address 560 9TH STREET       06       20       2011		S											
ROCHESTER       NY       14615         Purpose of Disbursement Contribution       011       011         Candidate Name       011       011         JANE CORWIN       011       Category/ Type       1000.00         Office Sought:       House       Disbursement For: 2011       1000.00         Senate       Primary       General       011         President       Other (specify) ▼       0       0         State:       NY       District: 26       Special-General         Full Name (Last, First, Middle Initial)       C.       MICHAEL GRIMM FOR CONGRESS       Date of Disbursement         Mailing Address 560 9TH STREET       06       20       Y       2011	Mailing Address PO BOX 15385	City State Zip Code ROCHESTER NY 14615											
Contribution       011         Candidate Name       011         JANE CORWIN       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       NY         District:       26         Full Name (Last, First, Middle Initial)         C. MICHAEL GRIMM FOR CONGRESS         Mailing Address 560 9TH STREET	ROCHESTER												
JANE CORWIN       Category/ Type         Office Sought:       House Senate President       Disbursement For: 2011 Primary       1000.00         State:       NY       District: 26       Special-General         Full Name (Last, First, Middle Initial)       C.       MICHAEL GRIMM FOR CONGRESS       Date of Disbursement         Mailing Address 560 9TH STREET       Mailing / 20 / 2011       20 / 2011	Contribution		011	Amount of Each Disbursement this Period									
Office Sought:       House       Disbursement For: 2011         Senate       Primary       General         President       Other (specify)       ✓         State:       NY       District: 26         Full Name (Last, First, Middle Initial)       Special-General         C.       MICHAEL GRIMM FOR CONGRESS         Mailing Address 560 9TH STREET       Date of Disbursement				1000.00									
Full Name (Last, First, Middle Initial)         C. MICHAEL GRIMM FOR CONGRESS         Mailing Address 560 9TH STREET             Date of Disbursement	Office Sought: House Disburs Senate President	Primary General											
C. MICHAEL GRIMM FOR CONGRESS       Mailing Address 560 9TH STREET     Date of Disbursement		Special-Gene	ral										
Mailing Address 560 9TH STREET     06     20     2011		ESS											
	Mailing Address 560 9TH STREET												
BROOKLYN NY 11215		StateZip CodeNY11215		Transaction ID : SB23.11608									
Purpose of Disbursement Contribution 011 Amount of Each Disbursement this Period			011	Amount of Each Disbursement this Period									
MICHAEL GRIMM Type 2000.00	Condidate Name			2000.00									
Senate     Primary     ∑ General       President     Other (specify)     ▼			Type										
	MICHAEL GRIMM Office Sought: House Disburs Senate President	Primary X General											
SUBTOTAL of Disbursements This Page (optional)	MICHAEL GRIMM Office Sought: House Disburs Senate President State: NY District: 13	Primary X General Other (specify) ▼		4000.00									

SCH	HEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 80 OF 83										
ITEI	MIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	/ one)										
		Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b										
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	AME OF COMMITTEE (In Full)													
	IVP Health Care Inc. Federal PA	С												
-	ull Name (Last, First, Middle Initial)	RESSIONAL COM	MITTEE	Date of Disbursement										
Μ	ailing Address 320 FIRST STREET SE			03 22 2011										
W	ASHINGTON	StateZip CodeDC20003		Transaction ID : SB23.11584										
	urpose of Disbursement Contribution		011	Amount of Each Disbursement this Period										
-	andidate Name IATIONAL REPUBLICAN CONGRESSION	NAL COMMITTEE	Category/ Type	1000.00										
Ō	ffice Sought: House Disburse Senate President	ment For: 2012 Primary General Other (specify)												
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	ull Name (Last, First, Middle Initial)	RESSIONAL COMI	MITTEE	Date of Disbursement										
M	ailing Address 320 FIRST STREET SE			06 22 2011										
W	ASHINGTON	StateZip CodeDC20003		Transaction ID : SB23.11611										
	urpose of Disbursement Contribution		011	Amount of Each Disbursement this Period										
-	andidate Name IATIONAL REPUBLICAN CONGRESSIOI	NAL COMMITTEE	Category/ Type	1000.00										
	ffice Sought: House Disburser Senate President District:	ment For: 2012 Primary X General Other (specify) ▼	1											
-	ull Name (Last, First, Middle Initial)			Date of Disbursement										
M	ailing Address PO BOX 8666			04 / 26 / Y Y Y Y 2011										
0	MAHA	State Zip Code NE 68108		Transaction ID : SB23.11589										
Pi C	urpose of Disbursement Contribution		011	Amount of Each Disbursement this Period										
-	andidate Name E BENJAMIN NELSON		Category/ Type	1000.00										
Ō	ffice Sought: House Disburse Senate President	ment For: 2012 Primary ∑ General Other (specify) ▼												
St	tate: NE District: 00													
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SCHEDULE B	(FEC Form 3X)			FC	DR LIN	NE NI	JMBER:			PA	GE 81	OF 83				
<b>ITEMIZED DISB</b>	URSEMENTS		arate schedule(s) category of the	(cl		only o			· · · ·							
			Summary Page		2	1b	22 28a		23 28b	24 28c	25	26 30b				
	from such Reports and Stater oses, other than using the nan				any p	erson	for the	purpo	se of	f solicitin	g contrib	utions				
	TEE (In Full)															
	Care Inc. Federal PAC	C														
Full Name (Last, First A. NEXT CENTU							Date of	f Disb	ursen	nent						
Mailing Address 116	S ROYAL STREET						05 / D D / Y Y Y Y 2011									
City ALEXANDRIA		State VA	Zip Code 22314				Transaction ID : SB23.11602									
Purpose of Disburse Contribution	ment			0	11	1	Amount	t of Ea	ach [	Disburser	ursement this Period					
Candidate Name RICHARD BU	RR				egory/ /pe			. ,			150	0.00				
Office Sought:	X     Senate     Primary     X     General       President     Other (specify)     ▼															
State: NC Di	istrict: 00															
Full Name (Last, First B. RICHARD HA			Date of	f Disb	D	о / ү	2011	Y								
	Mailing Address 2308 GENESEE STREET								21		2011					
UTICA Purpose of Disburse	UTICA NY 13502						Trans	actio	n ID :	SB23.1	1569					
Contribution	ment			0	11		Amount of Each Disbursement this Period									
RICHARD HA	ΝΝΔ				gory/			200	00.00							
Office Sought:		ment For:	2012	1)	/pe	_	_									
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Full Name (Last, Firs	, ,						Date of	Dich	urson	nont						
SCOTTERUN	WN FOR US SENAT										YY	V				
Mailing Address P.C	Mailing Address P.O. BOX 395 City State Zip Code WRENTHAM MA 02903 Purpose of Disbursement Contribution						04		26		2011					
WRENTHAM							Trans	actio	n ID :	SB23.1	1593					
Contribution							Amount	t of Ea	ach [	Disburser	nent this	Period				
Candidate Name SCOTT P BR	SCOTT P BROWN         ffice Sought:       House         Senate       Primary         President       Other (specify) ▼										100	0.00				
Office Sought:										,						
	00							-	_							
SUBTOTAL of Disburs	sements This Page (optional)				🕨		<u> </u>	- 7	_	- 7	450	0.00				
TOTAL This Period (la	st page this line number only)	)			🕨		L.									

SCHEDULE B (FEC Form 3X)	FC	DR I	LINE N	IUMBER:				PAG	E 82	OF 83			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			only ( 21b			00		24	25	26		
	Detailed Summary Page			210	28a	×	23 28b		.4 28c	29	30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar													
NAME OF COMMITTEE (In Full)	_												
MVP Health Care Inc. Federal PA													
Full Name (Last, First, Middle Initial) A. TOM REED FOR CONGRESS					Date of	Dis	sburse	ement					
					M M	/	D	D /	Y	Y Y	Y		
Mailing Address 99 W 1ST STREET					01		3	1		2011			
,	State Zip Code NY 14830				Trans	acti	on ID	: SB2	3.115	572			
CORNING Purpose of Disbursement	NY 14830			_									
Contribution		0	11		Amount	t of	Each	Disbu	rsem	ent this	Period		
		Cate		y/						200	0.00		
THOMAS W II REED Office Sought: X House Disburse	ment For: 2012	Ту	/pe			-	7		7	200	0.00		
Senate Sought.	Primary X General												
President	Other (specify)												
State: NY District: 29													
Full Name (Last, First, Middle Initial) B.					Date of	f Dis	sburse	ement					
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Mailing Address		L.		L				_					
City													
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Candidate Name		Cate			Amount of Each Disbursement this Perio						Tenou		
			/pe	y/									
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)												
State: District:													
Full Name (Last, First, Middle Initial)					Date of	f Dis	sburse	ement					
Mailing Address		M M	/	D	D /	Y	ΥΥ	Y					
City													
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Candidate Name		Cate Ty	egor /pe	y/	Amount	t of	Each	Disbu	rsem	ent this	Period		
Senate       President	ment For: Primary General Other (specify) ▼						,						
State: District:													
SUBTOTAL of Disbursements This Page (optional)				►			,		7	200	0.00		
TOTAL This Period (last page this line number only	)						,		,	2470	0.00		

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SCHEDULE D (FEC Form 3X)		(Use separate	PAGE 83 OF 83
DEBTS AND OBLIGATIONS		schedule(s)	FOR LINE NUMBER:
Excluding Loans		for each numbered line)	(check only one) 9 X 10
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PAC			
A. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
Deluxe Business Checks		Check Prir	
Mailing Address P.O. Box 742572			
City State	Zip Code		
Cincinnati	OH 45274		
Outstanding Balance Beginning This Period		Transacti	on ID : SD10.4163
145.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	145.00
B. Full Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of D	ebt (Purpose):
Media Well Done		Advertising	
Marthur Addition			
Mailing Address 96 Jay Street			
City State	Zip Code		
Schenectady	NY 12305		
Outstanding Balance Beginning This Period		Transac	tion ID : SD10.4165
338.00			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
0.00		0.00	338.00
		0.00	
C. Full Name (Last, First, Middle Initial) of Debt	or or Creditor	Nature of D	ebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period
			- <del> </del>
1) SUBTOTALS This Period This Page (optional)		····· • •	483.00
2) TOTALS This Period (last page this line numbe	r onlv)		483.00
	- ,,		
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	····· ►	0.00
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page	only)	483.00
,, and e, and early formation appropriate		···· , , , , , , , , , , , , , , , , ,	