



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>  |                         | 45440.34                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 45440.34                |                                   |
| (c) Total Receipts (from Line 19) .....  | 22229.00                | 22229.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 67669.34                | 67669.34                          |
| 7. Total Disbursements (from Line 31).....   | 24700.00                | 24700.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 42969.34                | 42969.34                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 483.00                  |                                   |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 10220.00                      | 10220.00                          |
| (ii) Unitemized .....   | 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                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 22229.00                      | 22229.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 22229.00                      | 22229.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 22229.00                      | 22229.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 22229.00                      | 22229.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 22229.00                      | 22229.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                          | 0.00                              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 83                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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)  
**A. Ms. Mary Bianchi**

Mailing Address 6 Doris Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Scotia | State<br>NY | Zip Code<br>12302 |
|----------------|-------------|-------------------|

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

|                                      |                             |
|--------------------------------------|-----------------------------|
| Name of Employer<br>MVP Service Corp | Occupation<br>VP, Sales Ops |
|--------------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01  |   | 28  |   | 2011    |

**Transaction ID : SA11AI.11566**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 9 Wembly Court

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Delmar | State<br>NY | Zip Code<br>12054 |
|----------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Administrative |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2011    |

**Transaction ID : SA11AI.10293**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 9 Wembly Court

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Delmar | State<br>NY | Zip Code<br>12054 |
|----------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Administrative |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 16  |   | 2011    |

**Transaction ID : SA11AI.10294**

Amount of Each Receipt this Period  
20.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 440.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

**A. Sue Ann Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Wembly Court  
 City Delmar State NY Zip Code 12054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation Administrative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2011**  
**Transaction ID : SA11AI.10295**  
 Amount of Each Receipt this Period  
**20.00**

**B. Carl Cameron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 285 Willowcrest Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 07 / 2011**  
**Transaction ID : SA11AI.10302**  
 Amount of Each Receipt this Period  
**30.00**

**C. Carl Cameron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 285 Willowcrest Drive  
 City Rochester State NY Zip Code 14618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 21 / 2011**  
**Transaction ID : SA11AI.10303**  
 Amount of Each Receipt this Period  
**0.00**

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>50.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

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

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

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

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

**A. Laura Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Meriline Ave.  
 City Scotia State NY Zip Code 12302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : SA11AI.10366**  
 Amount of Each Receipt this Period  
 20.00

**B. Laura Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Meriline Ave.  
 City Scotia State NY Zip Code 12302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2011  
**Transaction ID : SA11AI.10367**  
 Amount of Each Receipt this Period  
 20.00

**C. Laura Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Meriline Ave.  
 City Scotia State NY Zip Code 12302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.10368**  
 Amount of Each Receipt this Period  
 20.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |



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

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

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

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

**A. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 24    | / | 2011        |

**Transaction ID : SA11Al.10374**

Amount of Each Receipt this Period  
40.00

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11Al.10375**

Amount of Each Receipt this Period  
40.00

**C. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11Al.10376**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 83   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11Al.10377**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 19    | / | 2011        |

**Transaction ID : SA11Al.10378**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

**C. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Liverpool | State<br>NY | Zip Code<br>13090 |
|-------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>Regional Network Director |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 02    | / | 2011        |

**Transaction ID : SA11Al.10379**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>120.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

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

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

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

**A. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|   |   |                   |
|---|---|-------------------|
| City<br>Liverpool   | State<br>NY                             | Zip Code<br>13090 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP   | Occupation<br>Regional Network Director |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>480.00      |                   |

Date of Receipt  
06 / 16 / 2011  
**Transaction ID : SA11AI.10380**

Amount of Each Receipt this Period  
40.00

**B. Patricia Deferio**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7723 Majestic Drive

|   |   |                   |
|---|---|-------------------|
| City<br>Liverpool   | State<br>NY                             | Zip Code<br>13090 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP   | Occupation<br>Regional Network Director |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>520.00      |                   |

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.10381**

Amount of Each Receipt this Period  
40.00

**C. Mr. Frank Fanshawe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 Ridgehill Road

|   |                                    |                   |
|---|------------------------------------|-------------------|
| City<br>Schenectady   | State<br>NY                        | Zip Code<br>12303 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |                   |
| Name of Employer<br>MVP   | Occupation<br>Treasurer            |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.00 |                   |

Date of Receipt  
03 / 24 / 2011  
**Transaction ID : SA11AI.10409**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

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

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

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

Mailing Address 430 Ridgehill Road

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>Treasurer |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11Al.10410**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 430 Ridgehill Road

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>Treasurer |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11Al.10411**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 430 Ridgehill Road

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>Treasurer |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11Al.10412**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

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

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

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

**A. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2011  
**Transaction ID : SA11Al.10413**  
 Amount of Each Receipt this Period  
 40.00

**B. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : SA11Al.10414**  
 Amount of Each Receipt this Period  
 40.00

**C. Mr. Frank Fanshawe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 Ridgehill Road  
 City State Zip Code  
 Schenectady NY 12303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP Treasurer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2011  
**Transaction ID : SA11Al.10415**  
 Amount of Each Receipt this Period  
 40.00

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

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

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

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

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

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

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
 Schenectady NY 12303

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

Name of Employer Occupation  
 MVP Treasurer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.10416**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 500 Normanskill Place

City State Zip Code  
 Slingerlands NY 12159

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

Name of Employer Occupation  
 MVP EVP, CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2011  
**Transaction ID : SA11AI.10456**

Amount of Each Receipt this Period  
 60.00

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

Mailing Address 500 Normanskill Place

City State Zip Code  
 Slingerlands NY 12159

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

Name of Employer Occupation  
 MVP EVP, CFO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2011  
**Transaction ID : SA11AI.10457**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00

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

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2011  
**Transaction ID : SA11AI.10458**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID : SA11AI.10459**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2011  
**Transaction ID : SA11AI.10460**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2011  
**Transaction ID : SA11AI.10461**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**B. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2011  
**Transaction ID : SA11AI.10462**  
 Amount of Each Receipt this Period  
 60.00

Full Name (Last, First, Middle Initial)  
**C. Mark Fish**  
 Mailing Address 500 Normanskill Place  
 City Slingerlands State NY Zip Code 12159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : SA11AI.10463**  
 Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

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

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

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

**A. Mark Fish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Normanskill Place

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Slingerlands | State<br>NY | Zip Code<br>12159 |
|----------------------|-------------|-------------------|

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

|                         |                        |
|-------------------------|------------------------|
| Name of Employer<br>MVP | Occupation<br>EVP, CFO |
|-------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 16    | / | 2011        |

**Transaction ID : SA11AI.10464**

Amount of Each Receipt this Period  
60.00

**B. Mark Fish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 500 Normanskill Place

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Slingerlands | State<br>NY | Zip Code<br>12159 |
|----------------------|-------------|-------------------|

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

|                         |                        |
|-------------------------|------------------------|
| Name of Employer<br>MVP | Occupation<br>EVP, CFO |
|-------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
780.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 30    | / | 2011        |

**Transaction ID : SA11AI.10465**

Amount of Each Receipt this Period  
60.00

**C. John Gajewski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 166 Jordan Blvd

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Delmar | State<br>NY | Zip Code<br>12054 |
|----------------|-------------|-------------------|

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

|                                     |                             |
|-------------------------------------|-----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Director EPMO |
|-------------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 03    | / | 2011        |

**Transaction ID : SA11AI.10502**

Amount of Each Receipt this Period  
20.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 140.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

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

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

**A. John Gajewski**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 Jordan Blvd

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Health Care Occupation Director EPMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 17 / 2011**

**Transaction ID : SA11AI.10503**

Amount of Each Receipt this Period  
**20.00**

**B. Dominic Galante**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 Alexander Street

City Rochester State NY Zip Code 14607

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

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

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

**Transaction ID : SA11AI.10510**

Amount of Each Receipt this Period  
**30.00**

**C. Dominic Galante**  
Full Name (Last, First, Middle Initial)

Mailing Address 220 Alexander Street

City Rochester State NY Zip Code 14607

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

Name of Employer MVP Health Care Occupation VP Medical Quality Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

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

**Transaction ID : SA11AI.10511**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **80.00**

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

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

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

FOR LINE NUMBER: PAGE 19 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dominic Galante**

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2011  
**Transaction ID : SA11AI.10512**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Dominic Galante**

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2011  
**Transaction ID : SA11AI.10513**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Dominic Galante**

Mailing Address 220 Alexander Street

City State Zip Code  
 Rochester NY 14607

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

Name of Employer Occupation  
 MVP Health Care VP Medical Quality Management

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : SA11AI.10514**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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)<br><b>A. Dominic Galante</b>  |                                     | Date of Receipt   |
| Mailing Address 220 Alexander Street  |                                     | <input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Rochester   | NY                                  | 14607   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.10515</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MVP Health Care   | VP Medical Quality Management       | <input type="text" value="30.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="360.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Dominic Galante</b>  |                                     | Date of Receipt   |
| Mailing Address 220 Alexander Street  |                                     | <input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Rochester   | NY                                  | 14607   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.10516</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MVP Health Care   | VP Medical Quality Management       | <input type="text" value="30.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="390.00"/> |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Bill Geddings</b>  |                                     | Date of Receipt   |
| Mailing Address 75 Robinwood Drive  |                                     | <input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Clifton Park  | NY                                  | 12065   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.10551</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MVP   | VP Health Services                  | <input type="text" value="20.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="220.00"/> |   |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="80.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Bill Geddings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 75 Robinwood Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Clifton Park | State<br>NY | Zip Code<br>12065 |
|----------------------|-------------|-------------------|

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

|                         |                                  |
|-------------------------|----------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP Health Services |
|-------------------------|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 16  | / | 2011    |

**Transaction ID : SA11AI.10552**

Amount of Each Receipt this Period  
20.00

**B. Bill Geddings**  
Full Name (Last, First, Middle Initial)  
Mailing Address 75 Robinwood Drive

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Clifton Park | State<br>NY | Zip Code<br>12065 |
|----------------------|-------------|-------------------|

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

|                         |                                  |
|-------------------------|----------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP Health Services |
|-------------------------|----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  | / | 30  | / | 2011    |

**Transaction ID : SA11AI.10553**

Amount of Each Receipt this Period  
20.00

**C. Patrick Glavey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  | / | 10  | / | 2011    |

**Transaction ID : SA11AI.10568**

Amount of Each Receipt this Period  
80.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02  | / | 24  | / | 2011    |

**Transaction ID : SA11Al.10569**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

**B. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 10  | / | 2011    |

**Transaction ID : SA11Al.10570**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

**C. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03  | / | 24  | / | 2011    |

**Transaction ID : SA11Al.10571**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>240.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 23 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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)<br><b>A. Patrick Glavey</b> |                                     | Date of Receipt   |
| Mailing Address 165 Windemere Road                                  |                                     | <input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Rochester   | NY                                  | 14610   |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.10572</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MVP   | VP, Medicare Products               | <input type="text" value="80.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="560.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Patrick Glavey</b> |                                     | Date of Receipt   |
| Mailing Address 165 Windemere Road                                  |                                     | <input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Rochester   | NY                                  | 14610   |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.10573</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MVP   | VP, Medicare Products               | <input type="text" value="80.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="640.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Patrick Glavey</b> |                                     | Date of Receipt   |
| Mailing Address 165 Windemere Road                                  |                                     | <input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Rochester   | NY                                  | 14610   |
| FEC ID number of contributing federal political committee.          | <input type="text" value="C"/>      | <b>Transaction ID : SA11Al.10574</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| MVP   | VP, Medicare Products               | <input type="text" value="80.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="720.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                          |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="240.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 19  |   | 2011    |

**Transaction ID : SA11AI.10575**

Amount of Each Receipt this Period  
80.00

**B. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2011    |

**Transaction ID : SA11AI.10576**

Amount of Each Receipt this Period  
80.00

**C. Patrick Glavey**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 16  |   | 2011    |

**Transaction ID : SA11AI.10577**

Amount of Each Receipt this Period  
80.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 240.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 25 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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)  
**A. Patrick Glavey**

Mailing Address 165 Windemere Road

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14610 |
|-------------------|-------------|-------------------|

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

|                         |                                     |
|-------------------------|-------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Medicare Products |
|-------------------------|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 30    | / | 2011        |

**Transaction ID : SA11AI.10578**

Amount of Each Receipt this Period  
80.00

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

Mailing Address 803 Via Marchella

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>EVP & Chief Legal Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 10    | / | 2011        |

**Transaction ID : SA11AI.10581**

Amount of Each Receipt this Period  
70.00

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

Mailing Address 803 Via Marchella

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12303 |
|---------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>EVP & Chief Legal Officer |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 24    | / | 2011        |

**Transaction ID : SA11AI.10582**

Amount of Each Receipt this Period  
70.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 220.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 26 OF 83   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Denise Gonick</b>  |                                     | Date of Receipt   |
| Mailing Address 803 Via Marchella   |                                     | <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Schenectady   | NY                                  | 12303   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          | Transaction ID : <b>SA11AI.10583</b>  |
| MVP Health Care, Inc.   | EVP & Chief Legal Officer           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> | <input type="text" value="70.00"/>  |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Denise Gonick</b>  |                                     | Date of Receipt   |
| Mailing Address 803 Via Marchella   |                                     | <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Schenectady   | NY                                  | 12303   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          | Transaction ID : <b>SA11AI.10584</b>  |
| MVP Health Care, Inc.   | EVP & Chief Legal Officer           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="420.00"/> | <input type="text" value="70.00"/>  |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Denise Gonick</b>  |                                     | Date of Receipt   |
| Mailing Address 803 Via Marchella   |                                     | <input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Schenectady   | NY                                  | 12303   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          | Transaction ID : <b>SA11AI.10585</b>  |
| MVP Health Care, Inc.   | EVP & Chief Legal Officer           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="490.00"/> | <input type="text" value="70.00"/>  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="210.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

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

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

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

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Denise Gonick</b>  |                                     | Date of Receipt   |
| Mailing Address 803 Via Marchella   |                                     | <input type="text" value="05"/> / <input type="text" value="05"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Schenectady   | NY                                  | 12303   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          | Transaction ID : <b>SA11AI.10588</b>  |
| MVP Health Care, Inc.   | EVP & Chief Legal Officer           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="630.00"/> | <input type="text" value="70.00"/>  |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Denise Gonick</b>  |                                     | Date of Receipt   |
| Mailing Address 803 Via Marchella   |                                     | <input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Schenectady   | NY                                  | 12303   |
| FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer  | Occupation                          | Transaction ID : <b>SA11AI.10589</b>  |
| MVP Health Care, Inc.   | EVP & Chief Legal Officer           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="700.00"/> | <input type="text" value="70.00"/>  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="210.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 28 OF 83   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

**A. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

|   |   |                   |
|---|---|-------------------|
| City<br>Schenectady   | State<br>NY                             | Zip Code<br>12303 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP Health Care, Inc.   | Occupation<br>EVP & Chief Legal Officer |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>770.00      |                   |

Date of Receipt  
06 / 02 / 2011  
**Transaction ID : SA11AI.10590**

Amount of Each Receipt this Period  
70.00

**B. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

|   |   |                   |
|---|---|-------------------|
| City<br>Schenectady   | State<br>NY                             | Zip Code<br>12303 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP Health Care, Inc.   | Occupation<br>EVP & Chief Legal Officer |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>840.00      |                   |

Date of Receipt  
06 / 16 / 2011  
**Transaction ID : SA11AI.10591**

Amount of Each Receipt this Period  
70.00

**C. Denise Gonick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 803 Via Marchella

|   |   |                   |
|---|---|-------------------|
| City<br>Schenectady   | State<br>NY                             | Zip Code<br>12303 |
| FEC ID number of contributing federal political committee.<br>C   |   |                   |
| Name of Employer<br>MVP Health Care, Inc.   | Occupation<br>EVP & Chief Legal Officer |                   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>910.00      |                   |

Date of Receipt  
06 / 30 / 2011  
**Transaction ID : SA11AI.10592**

Amount of Each Receipt this Period  
70.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 210.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 29 OF 83   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Full Name (Last, First, Middle Initial)  
**A. Christopher Henchey**

Mailing Address 144 Berry Road

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Loudon | State<br>NH | Zip Code<br>03307 |
|----------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Vice President |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 10    | / | 2011        |

**Transaction ID : SA11AI.10622**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

Full Name (Last, First, Middle Initial)  
**B. Christopher Henchey**

Mailing Address 144 Berry Road

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Loudon | State<br>NH | Zip Code<br>03307 |
|----------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Vice President |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02    | / | 24    | / | 2011        |

**Transaction ID : SA11AI.10623**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

Full Name (Last, First, Middle Initial)  
**C. Christopher Henchey**

Mailing Address 144 Berry Road

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Loudon | State<br>NH | Zip Code<br>03307 |
|----------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Vice President |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 10    | / | 2011        |

**Transaction ID : SA11AI.10635**

Amount of Each Receipt this Period  

|       |
|-------|
| 80.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>240.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

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

FOR LINE NUMBER: PAGE 30 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon      State NH      Zip Code 03307

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

Name of Employer MVP      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2011  
**Transaction ID : SA11AI.10624**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon      State NH      Zip Code 03307

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

Name of Employer MVP      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID : SA11AI.10625**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**C. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon      State NH      Zip Code 03307

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

Name of Employer MVP      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2011  
**Transaction ID : SA11AI.10626**

Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

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

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

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

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon      State NH      Zip Code 03307

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

Name of Employer MVP      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 05 / 05 / 2011  
**Transaction ID : SA11Al.10627**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon      State NH      Zip Code 03307

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

Name of Employer MVP      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 05 / 19 / 2011  
**Transaction ID : SA11Al.10628**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**C. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon      State NH      Zip Code 03307

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

Name of Employer MVP      Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 880.00

Date of Receipt  
 06 / 02 / 2011  
**Transaction ID : SA11Al.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)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2011  
**Transaction ID : SA11AI.10630**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Henchey**

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1040.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.10631**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**C. David Henderson**

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2011  
**Transaction ID : SA11AI.10636**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 33 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. David Henderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Loudon Heights  
City Loudonville State NY Zip Code 12211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, Sales and Marketing  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

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

**B. David Henderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Loudon Heights  
City Loudonville State NY Zip Code 12211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, Sales and Marketing  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **360.00**

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

**C. David Henderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Loudon Heights  
City Loudonville State NY Zip Code 12211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, Sales and Marketing  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **420.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. David Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Loudon Heights

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Loudonville | State<br>NY | Zip Code<br>12211 |
|---------------------|-------------|-------------------|

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

|                         |  |
|-------------------------|--|
| Name of Employer<br>MVP | Occupation<br>EVP, Sales and Marketing |
|-------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 06    | / | 2011        |

**Transaction ID : SA11Al.10640**

Amount of Each Receipt this Period  

|       |
|-------|
| 60.00 |
|-------|

**B. David Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Loudon Heights

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Loudonville | State<br>NY | Zip Code<br>12211 |
|---------------------|-------------|-------------------|

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

|                         |  |
|-------------------------|--|
| Name of Employer<br>MVP | Occupation<br>EVP, Sales and Marketing |
|-------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 20    | / | 2011        |

**Transaction ID : SA11Al.10641**

Amount of Each Receipt this Period  

|       |
|-------|
| 60.00 |
|-------|

**C. David Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Loudon Heights

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Loudonville | State<br>NY | Zip Code<br>12211 |
|---------------------|-------------|-------------------|

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

|                         |  |
|-------------------------|--|
| Name of Employer<br>MVP | Occupation<br>EVP, Sales and Marketing |
|-------------------------|--|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 03    | / | 2011        |

**Transaction ID : SA11Al.10642**

Amount of Each Receipt this Period  

|       |
|-------|
| 60.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>180.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 35 OF 83               |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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

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

**A. David Henderson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Loudon Heights  
City Loudonville State NY Zip Code 12211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, Sales and Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 17 / 2011  
**Transaction ID : SA11AI.10643**  
Amount of Each Receipt this Period 600.00

**B. Allen Hinkle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 Jenkins Rd.  
City Lebanon State NH Zip Code 03766  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Chief Medical Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

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

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

Date of Receipt 06 / 03 / 2011  
**Transaction ID : SA11AI.10680**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1080.00  
**TOTAL** This Period (last page this line number only).....▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 36 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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

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

**A. Rosemarie Hogan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 45 Crestwood Drive

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Schenectady | State<br>NY | Zip Code<br>12306 |
|---------------------|-------------|-------------------|

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

|                         |                              |
|-------------------------|------------------------------|
| Name of Employer<br>MVP | Occupation<br>Administrative |
|-------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 17    | / | 2011        |

**Transaction ID : SA11AI.10681**

Amount of Each Receipt this Period  
20.00

**B. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11AI.10728**

Amount of Each Receipt this Period  
30.00

**C. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11AI.10729**

Amount of Each Receipt this Period  
30.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 80.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 37 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11AI.10730**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**B. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 19    | / | 2011        |

**Transaction ID : SA11AI.10731**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**C. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 02    | / | 2011        |

**Transaction ID : SA11AI.10732**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>90.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 38 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 16    | / | 2011        |

**Transaction ID : SA11AI.10733**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**B. Kevin Husted**  
Full Name (Last, First, Middle Initial)  
Mailing Address 38 Fox Hill Drive

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Fairport | State<br>NY | Zip Code<br>14450 |
|------------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP Information Technology |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 30    | / | 2011        |

**Transaction ID : SA11AI.10734**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**C. Dawn Jablonski**  
Full Name (Last, First, Middle Initial)  
Mailing Address 213 Hansen Ave

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Albany | State<br>NY | Zip Code<br>12208 |
|----------------|-------------|-------------------|

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

|                                     |                                   |
|-------------------------------------|-----------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP of Legal Affairs |
|-------------------------------------|-----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 25    | / | 2011        |

**Transaction ID : SA11AI.10753**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Dawn Jablonski</b>   |                                     | Date of Receipt   |
| Mailing Address 213 Hansen Ave  |                                     | <input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/> |
| City Albany   | State NY                            | Zip Code 12208  |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/>                                       |                                     | <b>Transaction ID : SA11AI.10756</b>  |
| Name of Employer MVP Health Care  |                                     | Amount of Each Receipt this Period  |
| Occupation VP of Legal Affairs  |                                     | <input type="text" value="40.00"/>  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼            |   |
|   | <input type="text" value="360.00"/> |   |

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

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

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

FOR LINE NUMBER: PAGE 40 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dawn Jablonski**  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP of Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

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

Full Name (Last, First, Middle Initial)  
**B. Dawn Jablonski**  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP of Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

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

Full Name (Last, First, Middle Initial)  
**C. Dawn Jablonski**  
 Mailing Address 213 Hansen Ave  
 City Albany State NY Zip Code 12208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP of Legal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 41 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Joseph Lia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Sutherland Drive  
 City Highland Mills State NY Zip Code 10930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP of Mid-Hudson Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID : SA11AI.10843**  
 Amount of Each Receipt this Period  
 30.00

**B. Joseph Lia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Sutherland Drive  
 City Highland Mills State NY Zip Code 10930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP of Mid-Hudson Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2011  
**Transaction ID : SA11AI.10844**  
 Amount of Each Receipt this Period  
 30.00

**C. Joseph Lia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Sutherland Drive  
 City Highland Mills State NY Zip Code 10930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP of Mid-Hudson Region  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 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)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

**A. Joseph Lia**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Sutherland Drive

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Highland Mills | State<br>NY | Zip Code<br>10930 |
|------------------------|-------------|-------------------|

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

|                         |                                       |
|-------------------------|---------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP of Mid-Hudson Region |
|-------------------------|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 19  |   | 2011    |

**Transaction ID : SA11Al.10846**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**B. Joseph Lia**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Sutherland Drive

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Highland Mills | State<br>NY | Zip Code<br>10930 |
|------------------------|-------------|-------------------|

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

|                         |                                       |
|-------------------------|---------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP of Mid-Hudson Region |
|-------------------------|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2011    |

**Transaction ID : SA11Al.10847**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**C. Joseph Lia**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Sutherland Drive

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Highland Mills | State<br>NY | Zip Code<br>10930 |
|------------------------|-------------|-------------------|

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

|                         |                                       |
|-------------------------|---------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP of Mid-Hudson Region |
|-------------------------|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 16  |   | 2011    |

**Transaction ID : SA11Al.10848**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>90.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Joseph Lia**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Sutherland Drive

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Highland Mills | State<br>NY | Zip Code<br>10930 |
|------------------------|-------------|-------------------|

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

|                         |                                       |
|-------------------------|---------------------------------------|
| Name of Employer<br>MVP | Occupation<br>VP of Mid-Hudson Region |
|-------------------------|---------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 30  |   | 2011    |

**Transaction ID : SA11Al.10849**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 300 Partridge Lane

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Charlotte | State<br>VT | Zip Code<br>05445 |
|-------------------|-------------|-------------------|

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

|                                       |                          |
|---------------------------------------|--------------------------|
| Name of Employer<br>MVP Service Corp. | Occupation<br>VP Vermont |
|---------------------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 07  |   | 2011    |

**Transaction ID : SA11Al.10855**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 300 Partridge Lane

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Charlotte | State<br>VT | Zip Code<br>05445 |
|-------------------|-------------|-------------------|

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

|                                       |                          |
|---------------------------------------|--------------------------|
| Name of Employer<br>MVP Service Corp. | Occupation<br>VP Vermont |
|---------------------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  |   | 21  |   | 2011    |

**Transaction ID : SA11Al.10856**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>90.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

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

Mailing Address 300 Partridge Lane

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Charlotte | State<br>VT | Zip Code<br>05445 |
|-------------------|-------------|-------------------|

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

|                                       |                          |
|---------------------------------------|--------------------------|
| Name of Employer<br>MVP Service Corp. | Occupation<br>VP Vermont |
|---------------------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11AI.10857**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 300 Partridge Lane

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Charlotte | State<br>VT | Zip Code<br>05445 |
|-------------------|-------------|-------------------|

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

|                                       |                          |
|---------------------------------------|--------------------------|
| Name of Employer<br>MVP Service Corp. | Occupation<br>VP Vermont |
|---------------------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 19    | / | 2011        |

**Transaction ID : SA11AI.10858**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 300 Partridge Lane

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Charlotte | State<br>VT | Zip Code<br>05445 |
|-------------------|-------------|-------------------|

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

|                                       |                          |
|---------------------------------------|--------------------------|
| Name of Employer<br>MVP Service Corp. | Occupation<br>VP Vermont |
|---------------------------------------|--------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 02    | / | 2011        |

**Transaction ID : SA11AI.10859**

Amount of Each Receipt this Period  
30.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 16 / 2011**

**Transaction ID : SA11AI.10860**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2011**

**Transaction ID : SA11AI.10861**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

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

**Transaction ID : SA11AI.10919**

Amount of Each Receipt this Period  
**40.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>100.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

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

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

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

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

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

Mailing Address 19 Crimson Way

City State Zip Code  
 Webster NY 14580

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

Name of Employer Occupation  
 MVP VP, Underwriting and Analysis

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 04 / 07 / 2011  
**Transaction ID : SA11AI.10920**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 19 Crimson Way

City State Zip Code  
 Webster NY 14580

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

Name of Employer Occupation  
 MVP VP, Underwriting and Analysis

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 04 / 21 / 2011  
**Transaction ID : SA11AI.10921**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 19 Crimson Way

City State Zip Code  
 Webster NY 14580

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

Name of Employer Occupation  
 MVP VP, Underwriting and Analysis

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 05 / 05 / 2011  
**Transaction ID : SA11AI.10922**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

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

Mailing Address 19 Crimson Way

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Webster | State<br>NY | Zip Code<br>14580 |
|-----------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP, Underwriting and Analysis |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 19  |   | 2011    |

**Transaction ID : SA11AI.10923**

Amount of Each Receipt this Period  

|        |
|--------|
| 400.00 |
|--------|

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

Mailing Address 19 Crimson Way

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Webster | State<br>NY | Zip Code<br>14580 |
|-----------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP, Underwriting and Analysis |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 02  |   | 2011    |

**Transaction ID : SA11AI.10924**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

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

Mailing Address 19 Crimson Way

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Webster | State<br>NY | Zip Code<br>14580 |
|-----------------|-------------|-------------------|

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

|                         |   |
|-------------------------|---|
| Name of Employer<br>MVP | Occupation<br>VP, Underwriting and Analysis |
|-------------------------|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 16  |   | 2011    |

**Transaction ID : SA11AI.10925**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>120.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Carl Maleri Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Crimson Way  
City Webster State NY Zip Code 14580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Underwriting and Analysis  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 30 / 2011**  
**Transaction ID : SA11AI.10926**  
Amount of Each Receipt this Period **40.00**

**B. Augusta Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 457 Crescent Ave  
City Saratoga State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **04 / 07 / 2011**  
**Transaction ID : SA11AI.10933**  
Amount of Each Receipt this Period **30.00**

**C. Augusta Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 457 Crescent Ave  
City Saratoga State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation VP Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **240.00**

Date of Receipt **04 / 21 / 2011**  
**Transaction ID : SA11AI.10934**  
Amount of Each Receipt this Period **30.00**

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Augusta Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 457 Crescent Ave

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Saratoga | State<br>NY | Zip Code<br>12866 |
|------------------|-------------|-------------------|

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

|                                     |                            |
|-------------------------------------|----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP Marketing |
|-------------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11AI.10935**

Amount of Each Receipt this Period  
30.00

**B. Augusta Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 457 Crescent Ave

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Saratoga | State<br>NY | Zip Code<br>12866 |
|------------------|-------------|-------------------|

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

|                                     |                            |
|-------------------------------------|----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP Marketing |
|-------------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 19    | / | 2011        |

**Transaction ID : SA11AI.10936**

Amount of Each Receipt this Period  
30.00

**C. Augusta Martin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 457 Crescent Ave

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Saratoga | State<br>NY | Zip Code<br>12866 |
|------------------|-------------|-------------------|

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

|                                     |                            |
|-------------------------------------|----------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>VP Marketing |
|-------------------------------------|----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 02    | / | 2011        |

**Transaction ID : SA11AI.10937**

Amount of Each Receipt this Period  
30.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

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

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

FOR LINE NUMBER: PAGE 50 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Augusta Martin**

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 06 / 16 / 2011  
**Transaction ID : SA11AI.10938**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Augusta Martin**

Mailing Address 457 Crescent Ave

City State Zip Code  
 Saratoga NY 12866

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

Name of Employer Occupation  
 MVP Health Care VP Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11AI.10939**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Laurie Metheny**

Mailing Address 21 Joellen Drive

City State Zip Code  
 Rochester NY 14626

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

Name of Employer Occupation  
 MVP VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 03 / 24 / 2011  
**Transaction ID : SA11AI.10958**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

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

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

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

FOR LINE NUMBER: PAGE 51 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Laurie Metheny**

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**04 / 07 / 2011**

**Transaction ID : SA11AI.10959**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Laurie Metheny**

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  
**04 / 21 / 2011**

**Transaction ID : SA11AI.10960**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Laurie Metheny**

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**05 / 05 / 2011**

**Transaction ID : SA11AI.10962**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

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

FOR LINE NUMBER: PAGE 52 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Laurie Metheny**

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2011**

**Transaction ID : SA11AI.10963**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**B. Laurie Metheny**

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 02 / 2011**

**Transaction ID : SA11AI.10964**

Amount of Each Receipt this Period  
**40.00**

Full Name (Last, First, Middle Initial)  
**C. Laurie Metheny**

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 16 / 2011**

**Transaction ID : SA11AI.10965**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **120.00**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 53 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Laurie Metheny**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Joellen Drive  
City Rochester State NY Zip Code 14626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Business Excellence  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 30 / 2011**  
**Transaction ID : SA11AI.10966**  
Amount of Each Receipt this Period **40.00**

**B. James Morrill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Henderson Road  
City Glenmont State NY Zip Code 12077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, HR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 10 / 2011**  
**Transaction ID : SA11AI.10984**  
Amount of Each Receipt this Period **50.00**

**C. James Morrill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Henderson Road  
City Glenmont State NY Zip Code 12077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, HR  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 24 / 2011**  
**Transaction ID : SA11AI.10985**  
Amount of Each Receipt this Period **50.00**

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

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

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

FOR LINE NUMBER: PAGE 54 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. James Morrill**

Mailing Address 54 Henderson Road

City State Zip Code  
 Glenmont NY 12077

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

Name of Employer Occupation  
 MVP EVP, HR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID : SA11AI.10986**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. James Morrill**

Mailing Address 54 Henderson Road

City State Zip Code  
 Glenmont NY 12077

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

Name of Employer Occupation  
 MVP EVP, HR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2011  
**Transaction ID : SA11AI.10987**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. James Morrill**

Mailing Address 54 Henderson Road

City State Zip Code  
 Glenmont NY 12077

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

Name of Employer Occupation  
 MVP EVP, HR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2011  
**Transaction ID : SA11AI.10988**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 55 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. James Morrill**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
MVP EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 19 / 2011  
Transaction ID : SA11AI.10989

Amount of Each Receipt this Period  
50.00

**B. James Morrill**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
MVP EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
06 / 02 / 2011  
Transaction ID : SA11AI.10990

Amount of Each Receipt this Period  
50.00

**C. James Morrill**  
Full Name (Last, First, Middle Initial)

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
MVP EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 16 / 2011  
Transaction ID : SA11AI.10991

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. James Morrill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 54 Henderson Road  
City Glenmont State NY Zip Code 12077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011  
Transaction ID : SA11AI.10992  
Amount of Each Receipt this Period 50.00

**B. Richard Odorizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 East Claremond Drive  
City Voorheesville State NY Zip Code 12186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 02 / 2011  
Transaction ID : SA11AI.11043  
Amount of Each Receipt this Period 20.00

**C. Richard Odorizzi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 71 East Claremond Drive  
City Voorheesville State NY Zip Code 12186  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Director of Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 16 / 2011  
Transaction ID : SA11AI.11044  
Amount of Each Receipt this Period 20.00

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



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 57 OF 83                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

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

Full Name (Last, First, Middle Initial)  
**A. Richard Odorizzi**

Mailing Address 71 East Claremond Drive

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Voorheesville | State<br>NY | Zip Code<br>12186 |
|-----------------------|-------------|-------------------|

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

|                         |                                   |
|-------------------------|-----------------------------------|
| Name of Employer<br>MVP | Occupation<br>Director of Finance |
|-------------------------|-----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 30    | / | 2011        |

**Transaction ID : SA11Al.11045**

Amount of Each Receipt this Period  

|       |       |       |
|-------|-------|-------|
| 80.00 | 80.00 | 20.00 |
|-------|-------|-------|

**260.00**

Full Name (Last, First, Middle Initial)  
**B. David Orlando**

Mailing Address 3 Clare Castle

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Albany | State<br>NY | Zip Code<br>12205 |
|----------------|-------------|-------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Corp VP of Operations |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11Al.11052**

Amount of Each Receipt this Period  

|       |       |
|-------|-------|
| 30.00 | 30.00 |
|-------|-------|

**30.00**

Full Name (Last, First, Middle Initial)  
**C. David Orlando**

Mailing Address 3 Clare Castle

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Albany | State<br>NY | Zip Code<br>12205 |
|----------------|-------------|-------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Corp VP of Operations |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11Al.11053**

Amount of Each Receipt this Period  

|       |       |
|-------|-------|
| 80.00 | 80.00 |
|-------|-------|

**30.00**

|   |              |
|---|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>80.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |              |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. David Orlando**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 05 / 2011**

**Transaction ID : SA11Al.11054**

Amount of Each Receipt this Period  
**30.00**

**B. David Orlando**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2011**

**Transaction ID : SA11Al.11055**

Amount of Each Receipt this Period  
**30.00**

**C. David Orlando**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 02 / 2011**

**Transaction ID : SA11Al.11056**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 59 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. David Orlando**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Albany | State<br>NY | Zip Code<br>12205 |
|----------------|-------------|-------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Corp VP of Operations |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 16    | / | 2011        |

**Transaction ID : SA11Al.11057**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**B. David Orlando**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Clare Castle

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Albany | State<br>NY | Zip Code<br>12205 |
|----------------|-------------|-------------------|

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

|   |                                     |
|---|-------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Corp VP of Operations |
|---|-------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 30    | / | 2011        |

**Transaction ID : SA11Al.11058**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

**C. Donald Rahn**  
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Niskayuna | State<br>NY | Zip Code<br>12309 |
|-------------------|-------------|-------------------|

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

|                                     |                               |
|-------------------------------------|-------------------------------|
| Name of Employer<br>MVP Health Care | Occupation<br>Assoc. Director |
|-------------------------------------|-------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 03    | / | 2011        |

**Transaction ID : SA11Al.11150**

Amount of Each Receipt this Period  

|       |
|-------|
| 20.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>80.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

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

FOR LINE NUMBER: PAGE 60 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Donald Rahn**

Mailing Address 931 Northumberland Dr.

City State Zip Code  
 Niskayuna NY 12309

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

Name of Employer Occupation  
 MVP Health Care Assoc. Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011

**Transaction ID : SA11AI.11151**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Ellen Runyon**

Mailing Address 625 State Street

City State Zip Code  
 Schenectady NY 12047

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

Name of Employer Occupation  
 MVP VP of E Business

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2011

**Transaction ID : SA11AI.11223**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Ellen Runyon**

Mailing Address 625 State Street

City State Zip Code  
 Schenectady NY 12047

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

Name of Employer Occupation  
 MVP VP of E Business

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2011

**Transaction ID : SA11AI.11224**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

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

FOR LINE NUMBER: PAGE 61 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Ellen Runyon**

Mailing Address 625 State Street

City State Zip Code  
 Schenectady NY 12047

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

Name of Employer Occupation  
 MVP VP of E Business

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.11225**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Ryan**

Mailing Address 24 Bluestone Ridge

City State Zip Code  
 Clifton Park NY 12065

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

Name of Employer Occupation  
 MVP Health Care VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2011  
**Transaction ID : SA11AI.11232**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**c. Thomas Ryan**

Mailing Address 24 Bluestone Ridge

City State Zip Code  
 Clifton Park NY 12065

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

Name of Employer Occupation  
 MVP Health Care VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2011  
**Transaction ID : SA11AI.11233**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 62 OF 83   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

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

**A. Thomas Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Bluestone Ridge  
 City Clifton Park State NY Zip Code 12065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2011  
**Transaction ID : SA11AI.11234**  
 Amount of Each Receipt this Period  
 30.00

**B. Thomas Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Bluestone Ridge  
 City Clifton Park State NY Zip Code 12065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2011  
**Transaction ID : SA11AI.11235**  
 Amount of Each Receipt this Period  
 30.00

**C. Thomas Ryan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Bluestone Ridge  
 City Clifton Park State NY Zip Code 12065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Health Care Occupation VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2011  
**Transaction ID : SA11AI.11236**  
 Amount of Each Receipt this Period  
 30.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Thomas Ryan**

Mailing Address 24 Bluestone Ridge

City State Zip Code  
 Clifton Park NY 12065

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

Name of Employer Occupation  
 MVP Health Care VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2011  
**Transaction ID : SA11AI.11237**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Daniel Sauer**

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2011  
**Transaction ID : SA11AI.11244**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Daniel Sauer**

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2011  
**Transaction ID : SA11AI.11245**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 64 OF 83  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Daniel Sauer**

Mailing Address 160 Fifth Avenue

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Saratoga Springs | State<br>NY | Zip Code<br>12866 |
|--------------------------|-------------|-------------------|

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

|                         |                        |
|-------------------------|------------------------|
| Name of Employer<br>MVP | Occupation<br>VP Sales |
|-------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2011  
**Transaction ID : SA11Al.11246**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Daniel Sauer**

Mailing Address 160 Fifth Avenue

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Saratoga Springs | State<br>NY | Zip Code<br>12866 |
|--------------------------|-------------|-------------------|

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

|                         |                        |
|-------------------------|------------------------|
| Name of Employer<br>MVP | Occupation<br>VP Sales |
|-------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2011  
**Transaction ID : SA11Al.11247**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Daniel Sauer**

Mailing Address 160 Fifth Avenue

|                          |             |                   |
|--------------------------|-------------|-------------------|
| City<br>Saratoga Springs | State<br>NY | Zip Code<br>12866 |
|--------------------------|-------------|-------------------|

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

|                         |                        |
|-------------------------|------------------------|
| Name of Employer<br>MVP | Occupation<br>VP Sales |
|-------------------------|------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2011  
**Transaction ID : SA11Al.11248**

Amount of Each Receipt this Period  
 30.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |



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

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

FOR LINE NUMBER: PAGE 65 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Daniel Sauer**

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2011  
**Transaction ID : SA11AI.11249**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Daniel Sauer**

Mailing Address 160 Fifth Avenue

City State Zip Code  
 Saratoga Springs NY 12866

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

Name of Employer Occupation  
 MVP VP Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2011  
**Transaction ID : SA11AI.11250**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 33 Everett Drive

City State Zip Code  
 Rochester NY 14624

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

Name of Employer Occupation  
 MVP VP, Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2011  
**Transaction ID : SA11AI.11342**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 66 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

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

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11AI.11343**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11AI.11344**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11AI.11345**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 19    | / | 2011        |

**Transaction ID : SA11AI.11346**

Amount of Each Receipt this Period  
40.00

**B. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 02    | / | 2011        |

**Transaction ID : SA11AI.11347**

Amount of Each Receipt this Period  
40.00

**C. Tracy Tadar-Ott**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 16    | / | 2011        |

**Transaction ID : SA11AI.11348**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 68 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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)  
**A. Tracy Tadar-Ott**

Mailing Address 33 Everett Drive

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Rochester | State<br>NY | Zip Code<br>14624 |
|-------------------|-------------|-------------------|

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

|                         |                         |
|-------------------------|-------------------------|
| Name of Employer<br>MVP | Occupation<br>VP, Sales |
|-------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 30    | / | 2011        |

**Transaction ID : SA11AI.11349**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**B. John Vangraafeiland**

Mailing Address 85 Pinehurst Place

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Middletown | State<br>CT | Zip Code<br>06457 |
|--------------------|-------------|-------------------|

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

|                         |                   |
|-------------------------|-------------------|
| Name of Employer<br>MVP | Occupation<br>CIO |
|-------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03    | / | 24    | / | 2011        |

**Transaction ID : SA11AI.11390**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**C. John Vangraafeiland**

Mailing Address 85 Pinehurst Place

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Middletown | State<br>CT | Zip Code<br>06457 |
|--------------------|-------------|-------------------|

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

|                         |                   |
|-------------------------|-------------------|
| Name of Employer<br>MVP | Occupation<br>CIO |
|-------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11AI.11391**

Amount of Each Receipt this Period  
40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 69 OF 83  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. John Vangraafeiland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Pinehurst Place  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

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

**B. John Vangraafeiland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Pinehurst Place  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

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

**C. John Vangraafeiland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Pinehurst Place  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

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

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

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 70 OF 83   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

**A. John Vangraafeiland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Pinehurst Place  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

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

**B. John Vangraafeiland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Pinehurst Place  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

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

**C. John Vangraafeiland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Pinehurst Place  
 City Middletown State CT Zip Code 06457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 06 / 30 / 2011  
**Transaction ID : SA11AI.11397**  
 Amount of Each Receipt this Period  
 40.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 120.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

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

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

**A. Shanon Vollmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Wilton Court

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Clifton Park | State<br>NY | Zip Code<br>12065 |
|----------------------|-------------|-------------------|

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

|   |                                 |
|---|---------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Associate Counsel |
|---|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11AI.11404**

Amount of Each Receipt this Period  
30.00

**B. Shanon Vollmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Wilton Court

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Clifton Park | State<br>NY | Zip Code<br>12065 |
|----------------------|-------------|-------------------|

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

|   |                                 |
|---|---------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Associate Counsel |
|---|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11AI.11405**

Amount of Each Receipt this Period  
30.00

**C. Shanon Vollmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Wilton Court

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Clifton Park | State<br>NY | Zip Code<br>12065 |
|----------------------|-------------|-------------------|

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

|   |                                 |
|---|---------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Associate Counsel |
|---|---------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11AI.11406**

Amount of Each Receipt this Period  
30.00

|   |       |
|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |       |

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

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

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

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

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

Mailing Address 30 Wilton Court

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care, Inc. Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2011**

**Transaction ID : SA11AI.11407**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 30 Wilton Court

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care, Inc. Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 02 / 2011**

**Transaction ID : SA11AI.11408**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 30 Wilton Court

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care, Inc. Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**06 / 16 / 2011**

**Transaction ID : SA11AI.11409**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

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



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 OF 83                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

**A. Shanon Vollmer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30 Wilton Court  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation Associate Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

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

**B. Tracey Welch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Thornberry Lane  
City Rensselaer State NY Zip Code 12144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Director Medical and Network Analysis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

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

**C. Tracey Welch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 134 Thornberry Lane  
City Rensselaer State NY Zip Code 12144  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Director Medical and Network Analysis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2011  
**Transaction ID : SA11AI.11474**  
Amount of Each Receipt this Period  
20.00

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

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

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

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

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

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

Mailing Address 16 Oak Hill Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Loudon | State<br>NH | Zip Code<br>03307 |
|----------------|-------------|-------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Sales Director - NH/VT |
|---|--------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2011        |

**Transaction ID : SA11AI.11482**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 16 Oak Hill Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Loudon | State<br>NH | Zip Code<br>03307 |
|----------------|-------------|-------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Sales Director - NH/VT |
|---|--------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 21    | / | 2011        |

**Transaction ID : SA11AI.11483**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

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

Mailing Address 16 Oak Hill Drive

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Loudon | State<br>NH | Zip Code<br>03307 |
|----------------|-------------|-------------------|

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

|   |                                      |
|---|--------------------------------------|
| Name of Employer<br>MVP Health Care, Inc. | Occupation<br>Sales Director - NH/VT |
|---|--------------------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 05    | / | 2011        |

**Transaction ID : SA11AI.11484**

Amount of Each Receipt this Period  

|       |
|-------|
| 30.00 |
|-------|

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>90.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |

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

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

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

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

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation Sales Director - NH/VT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 19 / 2011**

**Transaction ID : SA11AI.11485**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation Sales Director - NH/VT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 02 / 2011**

**Transaction ID : SA11AI.11486**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation Sales Director - NH/VT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 16 / 2011**

**Transaction ID : SA11AI.11487**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **90.00**

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

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

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

FOR LINE NUMBER: PAGE 76 OF 83  
(check only one)

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

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

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

**A. Peter Whitehouse**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 Oak Hill Drive  
City Loudon State NH Zip Code 03307  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care, Inc. Occupation Sales Director - NH/VT  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2011  
**Transaction ID : SA11AI.11488**  
Amount of Each Receipt this Period  
30.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 30.00    |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 10220.00 |

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)**

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 500 SOUTH BUILDING

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
Contribution

011

Candidate Name  
**AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 14 / 2011

Transaction ID : **SB23.11581**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ANN MARIE BUERKLE FOR CONGRESS**

Mailing Address 3779 UNDERWOOD WAY

City SYRACUSE State NY Zip Code 13215

Purpose of Disbursement  
Contribution

011

Candidate Name  
**ANN MARIE BUERKLE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 03 / 2011

Transaction ID : **SB23.11575**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. CHRIS GIBSON FOR CONGRESS**

Mailing Address PO BOX 247

City KINDERHOOK State NY Zip Code 12106

Purpose of Disbursement  
Contribution

011

Candidate Name  
**CHRIS P GIBSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 22 / 2011

Transaction ID : **SB23.11586**

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR ALTMIRE**

Mailing Address P.O. BOX 1776

City State Zip Code  
**FREEDOM PA 15042**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**JASON ALTMIRE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Date of Disbursement

/  /

**Transaction ID : SB23.11598**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JEANNE SHAHEEN**

Mailing Address 105 N STATE STREET

City State Zip Code  
**CONCORD NH 03301**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**JEANNE SHAHEEN**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

/  /

**Transaction ID : SB23.11605**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF NAN HAYWORTH**

Mailing Address 51 GLENEIDA AVENUE

City State Zip Code  
**CARMEL NY 10512**

Purpose of Disbursement  
Contribution

**011**

Candidate Name

**NAN HAYWORTH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 19

Date of Disbursement

/  /

**Transaction ID : SB23.11578**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. JANE CORWIN FOR CONGRESS**

Mailing Address PO BOX 15385

City ROCHESTER State NY Zip Code 14615

Purpose of Disbursement Contribution

011

Candidate Name  
**JANE CORWIN**

Category/Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 26

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-General

Date of Disbursement

MM / DD / YYYY  
05 / 04 / 2011

Transaction ID : SB23.11616

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JANE CORWIN FOR CONGRESS**

Mailing Address PO BOX 15385

City ROCHESTER State NY Zip Code 14615

Purpose of Disbursement Contribution

011

Candidate Name  
**JANE CORWIN**

Category/Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 26

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Special-General

Date of Disbursement

MM / DD / YYYY  
05 / 18 / 2011

Transaction ID : SB23.11620

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL GRIMM FOR CONGRESS**

Mailing Address 560 9TH STREET

City BROOKLYN State NY Zip Code 11215

Purpose of Disbursement Contribution

011

Candidate Name  
**MICHAEL GRIMM**

Category/Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 13

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2011

Transaction ID : SB23.11608

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 2 |   | 2 | 0 | 1 | 1 |

**Transaction ID : SB23.11584**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB23.11611**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Full Name (Last, First, Middle Initial)

**C. NELSON 2012**

Mailing Address PO BOX 8666

City OMAHA State NE Zip Code 68108

Purpose of Disbursement  
Contribution

011

Candidate Name  
**E BENJAMIN NELSON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 2 | 6 |   | 2 | 0 | 1 | 1 |

**Transaction ID : SB23.11589**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |



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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. NEXT CENTURY FUND**

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**RICHARD BURR**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 18 / 2011

**Transaction ID : SB23.11602**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. RICHARD HANNA FOR CONGRESS COMMITTEE**

Mailing Address 2308 GENESEE STREET

City UTICA State NY Zip Code 13502

Purpose of Disbursement  
Contribution

011

Candidate Name

**RICHARD HANNA**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2011

**Transaction ID : SB23.11569**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. SCOTT BROWN FOR US SENATE COMMITTEE**

Mailing Address P.O. BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement  
Contribution

011

Candidate Name

**SCOTT P BROWN**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MA District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2011

**Transaction ID : SB23.11593**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

**A. TOM REED FOR CONGRESS**

Mailing Address 99 W 1ST STREET

City CORNING State NY Zip Code 14830

Purpose of Disbursement  
Contribution

011

Candidate Name  
**THOMAS W II REED**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 31 / 2011

Transaction ID : SB23.11572

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2000.00

24700.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |  |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 83 OF 83                          |
|   | FOR LINE NUMBER: (check only one)      |
| <input type="checkbox"/> 9                        | <input checked="" type="checkbox"/> 10 |

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

|   |   |
|---|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Deluxe Business Checks</b> | Nature of Debt (Purpose):<br>Check Printing |
| Mailing Address P.O. Box 742572   |   |
| City State Zip Code<br>Cincinnati OH 45274  |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period<br>145.00 | <b>Transaction ID : SD10.4163</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00       | Outstanding Balance at Close of This Period<br>145.00 |

|  |  |
|--|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor<br><b>Media Well Done</b> | Nature of Debt (Purpose):<br>Advertising |
| Mailing Address 96 Jay Street  |  |
| City State Zip Code<br>Schenectady NY 12305  |  |

|   |                                   |   |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period<br>338.00 | <b>Transaction ID : SD10.4165</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00       | Outstanding Balance at Close of This Period<br>338.00 |

|  |                           |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |
|---|---------------------|---|
| Outstanding Balance Beginning This Period |                     |   |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |

|  |        |
|--|--------|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      | 483.00 |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            | 483.00 |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       | 0.00   |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ | 483.00 |