

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		45440.34
(b) Cash on Hand at Beginning of Reporting Period.....	42969.34	
(c) Total Receipts (from Line 19)	29355.00	51584.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72324.34	97024.34
7. Total Disbursements (from Line 31).....	7750.00	32450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	64574.34	64574.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

This committee has qualified as a 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

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15560.00	25780.00
(ii) Unitemized	13795.00	25804.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	29355.00	51584.00
(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)	29355.00	51584.00
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))..... ▶	29355.00	51584.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	29355.00	51584.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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.....	7750.00	32450.00
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)) ..	7750.00	32450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7750.00	32450.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29355.00	51584.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29355.00	51584.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 109
	<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. Christopher Amorosi
Full Name (Last, First, Middle Initial)

Mailing Address 57 Niskayuna Street

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Manager, Medicare 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
10 / 20 / 2011

Transaction ID : SA11AI.11927

Amount of Each Receipt this Period
10.00

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

Mailing Address 57 Niskayuna Street

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Manager, Medicare Sales

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
11 / 03 / 2011

Transaction ID : SA11AI.11928

Amount of Each Receipt this Period
10.00

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

Mailing Address 57 Niskayuna Street

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Manager, Medicare Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : SA11AI.11929

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 7 OF 109
	<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	

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

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

Mailing Address 57 Niskayuna Street

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Manager, Medicare Sales
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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
12	/	01	/	2011

Transaction ID : SA11AI.11930

Amount of Each Receipt this Period

10.00

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

Mailing Address 57 Niskayuna Street

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Manager, Medicare Sales
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.11931

Amount of Each Receipt this Period

10.00

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

Mailing Address 57 Niskayuna Street

City Schenectady	State NY	Zip Code 12306
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Manager, Medicare Sales
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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
12	/	29	/	2011

Transaction ID : SA11AI.11932

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 8 OF 109
	<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

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

A. Nancy Arena
Full Name (Last, First, Middle Initial)

Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc	Occupation Dir., Acct. Mgmt. & Broker Admin.
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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
10		20		2011

Transaction ID : SA11AI.11940

Amount of Each Receipt this Period

10.00

B. Nancy Arena
Full Name (Last, First, Middle Initial)

Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc	Occupation Dir., Acct. Mgmt. & Broker Admin.
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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
11		03		2011

Transaction ID : SA11AI.11941

Amount of Each Receipt this Period

10.00

C. Nancy Arena
Full Name (Last, First, Middle Initial)

Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc	Occupation Dir., Acct. Mgmt. & Broker Admin.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2011

Transaction ID : SA11AI.11942

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 9 OF 109
<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

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

A. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc	Occupation Dir., Acct. Mgmt. & Broker Admin.
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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
12	/	01	/	2011

Transaction ID : SA11AI.11943

Amount of Each Receipt this Period
10.00

B. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc	Occupation Dir., Acct. Mgmt. & Broker Admin.
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.11944

Amount of Each Receipt this Period
10.00

C. Nancy Arena
Full Name (Last, First, Middle Initial)
Mailing Address 126 Woodgreen Drive

City Pittsford	State NY	Zip Code 14534
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc	Occupation Dir., Acct. Mgmt. & Broker Admin.
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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
12	/	29	/	2011

Transaction ID : SA11AI.11945

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 10 OF 109
	<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	

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

A. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Corporate VP
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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
08	/	26	/	2011

Transaction ID : SA11AI.11949

Amount of Each Receipt this Period
60.00

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Corporate VP
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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
09	/	09	/	2011

Transaction ID : SA11AI.11950

Amount of Each Receipt this Period
60.00

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Corporate VP
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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
09	/	23	/	2011

Transaction ID : SA11AI.11951

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 11 OF 109
	<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	

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

A. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Corporate VP
---	----------------------------

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
10	/	07	/	2011

Transaction ID : SA11AI.11952

Amount of Each Receipt this Period

60.00

B. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Corporate VP
---	----------------------------

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
10	/	21	/	2011

Transaction ID : SA11AI.11953

Amount of Each Receipt this Period

60.00

C. Karla Austen
Full Name (Last, First, Middle Initial)
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Corporate VP
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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
11	/	04	/	2011

Transaction ID : SA11AI.11954

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 12 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Karla Austen

Mailing Address 157 Old Hyde Road

City Weston State CT Zip Code 06883

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

Name of Employer MVP Health Care, Inc. Occupation Corporate VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
11 / 18 / 2011
Transaction ID : SA11AI.11955

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)
B. Karla Austen

Mailing Address 157 Old Hyde Road

City Weston State CT Zip Code 06883

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

Name of Employer MVP Health Care, Inc. Occupation Corporate VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
12 / 02 / 2011
Transaction ID : SA11AI.11956

Amount of Each Receipt this Period
60.00

Full Name (Last, First, Middle Initial)
C. Karla Austen

Mailing Address 157 Old Hyde Road

City Weston State CT Zip Code 06883

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

Name of Employer MVP Health Care, Inc. Occupation Corporate VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
12 / 16 / 2011
Transaction ID : SA11AI.11957

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 13 OF 109
	<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	

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

A. Karla Austen
Full Name (Last, First, Middle Initial)

Mailing Address 157 Old Hyde Road

City Weston State CT Zip Code 06883

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

Name of Employer MVP Health Care, Inc. Occupation Corporate VP

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
12 / 30 / 2011

Transaction ID : SA11AI.11958

Amount of Each Receipt this Period
60.00

B. Linda Borges
Full Name (Last, First, Middle Initial)

Mailing Address 627 Salvia Lane

City Guilderland State NY Zip Code 12303

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

Name of Employer MVP Health Care, Inc. Occupation Corp. Compliance Officer/Dir. Of Compl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2011

Transaction ID : SA11AI.12019

Amount of Each Receipt this Period
250.00

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

Mailing Address 9 Wembly Ct.

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Health Care, Inc. Occupation VP, 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
10 / 20 / 2011

Transaction ID : SA11AI.12042

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional).....▶	340.00
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 14 OF 109
	<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

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

A. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 03 / 2011**
Transaction ID : SA11AI.12043
Amount of Each Receipt this Period **30.00**

B. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **280.00**

Date of Receipt **11 / 17 / 2011**
Transaction ID : SA11AI.12044
Amount of Each Receipt this Period **30.00**

C. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **310.00**

Date of Receipt **12 / 01 / 2011**
Transaction ID : SA11AI.12045
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 15 OF 109
	<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	

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

A. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **340.00**

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11AI.12046
Amount of Each Receipt this Period
30.00

B. Sue Brown
Full Name (Last, First, Middle Initial)
Mailing Address 9 Wembly Ct.
City Delmar State NY Zip Code 12054
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, EPMO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **370.00**

Date of Receipt
12 / 29 / 2011
Transaction ID : SA11AI.12047
Amount of Each Receipt this Period
30.00

C. Lisa Brubaker
Full Name (Last, First, Middle Initial)
Mailing Address 9 Mile Post Lane
City Pittsford State NY Zip Code 14534
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP, Rochester & Gov. Programs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1500.00**

Date of Receipt
07 / 12 / 2011
Transaction ID : SA11AI.12049
Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional)..... **1560.00**
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 16 OF 109
	<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	

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

A. Jennifer Cenzano
Full Name (Last, First, Middle Initial)

Mailing Address 1177 North Rd.

City W. Glenville	State NY	Zip Code 12010
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Director of Accounting
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2011

Transaction ID : SA11AI.12067

Amount of Each Receipt this Period

250.00

B. Laura Davis
Full Name (Last, First, Middle Initial)

Mailing Address 121 Meriline Ave.

City Scotia	State NY	Zip Code 12302
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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
12	/	01	/	2011

Transaction ID : SA11AI.12141

Amount of Each Receipt this Period

20.00

C. Laura Davis
Full Name (Last, First, Middle Initial)

Mailing Address 121 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
12	/	15	/	2011

Transaction ID : SA11AI.12142

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶	290.00
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 17 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Laura Davis
 Mailing Address 121 Meriline Ave.
 City State Zip Code
 Scotia NY 12302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. 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
 12 / 29 / 2011
Transaction ID : SA11AI.12143
 Amount of Each Receipt this Period
 200.00

Full Name (Last, First, Middle Initial)
B. Patricia DeFerio
 Mailing Address 7723 Majestic Dr
 City State Zip Code
 Liverpool NY 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. 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
 09 / 22 / 2011
Transaction ID : SA11AI.12150
 Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Patricia DeFerio
 Mailing Address 7723 Majestic Dr
 City State Zip Code
 Liverpool NY 13090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. 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
 10 / 06 / 2011
Transaction ID : SA11AI.12151
 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 18 OF 109
<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

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

Full Name (Last, First, Middle Initial) A. Patricia DeFerio		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2011 Transaction ID : SA11AI.12152
Mailing Address 7723 Majestic Dr		Amount of Each Receipt this Period 40.00
City Liverpool	State NY	Zip Code 13090
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation Regional Network Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Patricia DeFerio		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2011 Transaction ID : SA11AI.12153
Mailing Address 7723 Majestic Dr		Amount of Each Receipt this Period 40.00
City Liverpool	State NY	Zip Code 13090
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation Regional Network Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) C. Patricia DeFerio		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 17 / 2011 Transaction ID : SA11AI.12154
Mailing Address 7723 Majestic Dr		Amount of Each Receipt this Period 40.00
City Liverpool	State NY	Zip Code 13090
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation Regional Network Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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 19 OF 109
<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

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

A. Patricia DeFerio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Dr
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Regional Network Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt
12 / 01 / 2011
Transaction ID : SA11AI.12155
Amount of Each Receipt this Period
40.00

B. Patricia DeFerio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Dr
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Regional Network Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11AI.12156
Amount of Each Receipt this Period
40.00

C. Patricia DeFerio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Dr
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Regional Network Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt
12 / 29 / 2011
Transaction ID : SA11AI.12157
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 20 OF 109
	<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	

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

Full Name (Last, First, Middle Initial) A. Frank Fanshawe			Date of Receipt
Mailing Address 708 Stephens Place			<input type="text" value="09"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12191
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	VP Corporate Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Frank Fanshawe			Date of Receipt
Mailing Address 708 Stephens Place			<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12192
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	VP Corporate Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Frank Fanshawe			Date of Receipt
Mailing Address 708 Stephens Place			<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12193
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	VP Corporate Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="320.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL 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 21 OF 109
	(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

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

A. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 708 Stephens Place

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP Corporate Affairs
---	------------------------------------

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
11	/	03	/	2011

Transaction ID : SA11AI.12194

Amount of Each Receipt this Period
40.00

B. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 708 Stephens Place

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP Corporate 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
11	/	17	/	2011

Transaction ID : SA11AI.12195

Amount of Each Receipt this Period
40.00

C. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 708 Stephens Place

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP Corporate 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
12	/	01	/	2011

Transaction ID : SA11AI.12196

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 22 OF 109
	<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	

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

A. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 708 Stephens Place

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP Corporate 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
12	/	15	/	2011

Transaction ID : SA11AI.12197

Amount of Each Receipt this Period

40.00

B. Frank Fanshawe
Full Name (Last, First, Middle Initial)
Mailing Address 708 Stephens Place

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP Corporate Affairs
---	------------------------------------

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
12	/	29	/	2011

Transaction ID : SA11AI.12198

Amount of Each Receipt this Period

40.00

C. Mark Fish
Full Name (Last, First, Middle Initial)
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 Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
08	/	25	/	2011

Transaction ID : SA11AI.12233

Amount of Each Receipt this Period

60.00

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 23 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 State Zip Code
 Slingerlands NY 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. EVP Network 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
 09 / 08 / 2011
Transaction ID : SA11AI.12234
 Amount of Each Receipt this Period
 60.00

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 Health Care, Inc. EVP Network Management
 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
 09 / 22 / 2011
Transaction ID : SA11AI.12235
 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 Health Care, Inc. EVP Network Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2011
Transaction ID : SA11AI.12236
 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 24 OF 109
	<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

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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 Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
10	/	20	/	2011

Transaction ID : SA11AI.12237

Amount of Each Receipt this Period

60.00

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

Mailing Address 500 Normanskill Place

City Slingerlands	State NY	Zip Code 12159
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
11	/	03	/	2011

Transaction ID : SA11AI.12238

Amount of Each Receipt this Period

60.00

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

Mailing Address 500 Normanskill Place

City Slingerlands	State NY	Zip Code 12159
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
11	/	17	/	2011

Transaction ID : SA11AI.12239

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 25 OF 109
	<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	

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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 Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
12	/	01	/	2011

Transaction ID : SA11AI.12240

Amount of Each Receipt this Period

60.00

B. Mark Fish
Full Name (Last, First, Middle Initial)
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 Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
12	/	15	/	2011

Transaction ID : SA11AI.12241

Amount of Each Receipt this Period

60.00

C. Mark Fish
Full Name (Last, First, Middle Initial)
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 Health Care, Inc.	Occupation EVP Network Management
---	--------------------------------------

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
12	/	29	/	2011

Transaction ID : SA11AI.12242

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 26 OF 109
	<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	

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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, Inc. Occupation 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
11 / 18 / 2011

Transaction ID : SA11AI.12284

Amount of Each Receipt this Period
20.00

B. 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, Inc. Occupation Director, EPMO

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
12 / 02 / 2011

Transaction ID : SA11AI.12285

Amount of Each Receipt this Period
20.00

C. 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, Inc. Occupation Director, EPMO

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
12 / 16 / 2011

Transaction ID : SA11AI.12286

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: (check only one)	PAGE 27 OF 109
<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

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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, Inc.	Occupation Director, EPMO
---	------------------------------

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
12	/	30	/	2011

Transaction ID : SA11AI.12287

Amount of Each Receipt this Period

20.00

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

Mailing Address 220 Alexander St.

City Rochester	State NY	Zip Code 14607
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Medical Quality Management
---	--

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
09	/	22	/	2011

Transaction ID : SA11AI.12294

Amount of Each Receipt this Period

40.00

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

Mailing Address 220 Alexander St.

City Rochester	State NY	Zip Code 14607
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Medical Quality Management
---	--

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
10	/	06	/	2011

Transaction ID : SA11AI.12295

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 28 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 220 Alexander St.

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care, Inc. VP, Medical Quality Management

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
 10 / 20 / 2011

Transaction ID : SA11AI.12296

Amount of Each Receipt this Period
 40.00

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

Mailing Address 220 Alexander St.

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care, Inc. VP, Medical Quality Management

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
 11 / 03 / 2011

Transaction ID : SA11AI.12297

Amount of Each Receipt this Period
 40.00

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

Mailing Address 220 Alexander St.

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care, Inc. VP, Medical Quality Management

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
 11 / 17 / 2011

Transaction ID : SA11AI.12298

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 29 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dominic Galante
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Alexander St.
 City Rochester State NY Zip Code 14607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, Medical Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.12299
 Amount of Each Receipt this Period
 40.00

B. Dominic Galante
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Alexander St.
 City Rochester State NY Zip Code 14607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, Medical Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.12300
 Amount of Each Receipt this Period
 40.00

C. Dominic Galante
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Alexander St.
 City Rochester State NY Zip Code 14607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation VP, Medical Quality Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011
Transaction ID : SA11AI.12301
 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 30 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate Director
---	----------------------------------

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
 07 / 12 / 2011
Transaction ID : SA11AI.12324

Amount of Each Receipt this Period
250.00

B. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk Ave

City Scotia	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Associate Director
---	----------------------------------

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
 07 / 15 / 2011
Transaction ID : SA11AI.12311

Amount of Each Receipt this Period
10.00

C. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate 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
 07 / 29 / 2011
Transaction ID : SA11AI.12312

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 31 OF 109
<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

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

A. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate Director
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 12 / 2011

Transaction ID : SA11AI.12313

Amount of Each Receipt this Period

10.00

B. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate Director
---	----------------------------------

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
08 / 26 / 2011

Transaction ID : SA11AI.12314

Amount of Each Receipt this Period

10.00

C. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate Director
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2011

Transaction ID : SA11AI.12315

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 32 OF 109
	<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	

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

A. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate 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
09 / 23 / 2011

Transaction ID : SA11AI.12316

Amount of Each Receipt this Period
10.00

B. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate Director

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
10 / 07 / 2011

Transaction ID : SA11AI.12317

Amount of Each Receipt this Period
10.00

C. Michael Gauci
Full Name (Last, First, Middle Initial)

Mailing Address 329 Mohawk 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 Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2011

Transaction ID : SA11AI.12318

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **30.00**

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 33 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael Gauci

Mailing Address 329 Mohawk Ave

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Health Care, Inc. Associate Director

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
 11 / 04 / 2011
Transaction ID : SA11AI.12319

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Michael Gauci

Mailing Address 329 Mohawk Ave

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Health Care, Inc. Associate 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
 11 / 18 / 2011
Transaction ID : SA11AI.12320

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Michael Gauci

Mailing Address 329 Mohawk Ave

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Health Care, Inc. Associate Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2011
Transaction ID : SA11AI.12321

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 109
	<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

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

Full Name (Last, First, Middle Initial) A. Michael Gauci		Date of Receipt 12 / 16 / 2011 Transaction ID : SA11AI.12322
Mailing Address 329 Mohawk Ave		Amount of Each Receipt this Period 10.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation Associate Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) B. Michael Gauci		Date of Receipt 12 / 30 / 2011 Transaction ID : SA11AI.12323
Mailing Address 329 Mohawk Ave		Amount of Each Receipt this Period 10.00
City Scotia	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C	Name of Employer MVP Health Care, Inc.	Occupation Associate Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) C. Bill Geddings		Date of Receipt 12 / 01 / 2011 Transaction ID : SA11AI.12336
Mailing Address 75 Robinwood Dr		Amount of Each Receipt this Period 20.00
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 VP Health Services
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 35 OF 109
<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

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

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

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 VP Health Services
---	----------------------------------

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
12	/	15	/	2011

Transaction ID : SA11AI.12337

Amount of Each Receipt this Period
20.00

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

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 VP Health Services
---	----------------------------------

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
12	/	29	/	2011

Transaction ID : SA11AI.12338

Amount of Each Receipt this Period
20.00

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

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Medicare Products
---	-------------------------------------

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
08	/	11	/	2011

Transaction ID : SA11AI.12357

Amount of Each Receipt this Period
80.00

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 36 OF 109
	<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	

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

A. Patrick Glavey
Full Name (Last, First, Middle Initial)
Mailing Address 165 Windemere Rd
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 25 / 2011
Transaction ID : SA11AI.12358
Amount of Each Receipt this Period 80.00

B. Patrick Glavey
Full Name (Last, First, Middle Initial)
Mailing Address 165 Windemere Rd
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 08 / 2011
Transaction ID : SA11AI.12359
Amount of Each Receipt this Period 80.00

C. Patrick Glavey
Full Name (Last, First, Middle Initial)
Mailing Address 165 Windemere Rd
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 22 / 2011
Transaction ID : SA11AI.12360
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: (check only one)	PAGE 37 OF 109
	<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	

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

A. Patrick Glavey
Full Name (Last, First, Middle Initial)
Mailing Address 165 Windemere Rd

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Medicare Products
---	-------------------------------------

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
10	/	06	/	2011

Transaction ID : SA11AI.12361

Amount of Each Receipt this Period
80.00

B. Patrick Glavey
Full Name (Last, First, Middle Initial)
Mailing Address 165 Windemere Rd

City Rochester	State NY	Zip Code 14610
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation VP, Medicare Products
---	-------------------------------------

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
10	/	20	/	2011

Transaction ID : SA11AI.12362

Amount of Each Receipt this Period
80.00

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

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Medicare Products
---	-------------------------------------

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
11	/	03	/	2011

Transaction ID : SA11AI.12363

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: (check only one)	PAGE 38 OF 109
	<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

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

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

Mailing Address 165 Windemere Rd

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
11	/	17	/	2011

Transaction ID : SA11AI.12364

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Rd

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
12	/	01	/	2011

Transaction ID : SA11AI.12365

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Rd

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
12	/	15	/	2011

Transaction ID : SA11AI.12366

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: (check only one)	PAGE 39 OF 109
	<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

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

Full Name (Last, First, Middle Initial) A. Patrick Glavey			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 165 Windemere Rd			Transaction ID : SA11AI.12367
City Rochester	State NY	Zip Code 14610	Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care, Inc.	Occupation VP, Medicare Products		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

Full Name (Last, First, Middle Initial) B. Denise Gonick			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2011
Mailing Address 803 Via Marchella			Transaction ID : SA11AI.12368
City Schenectady	State NY	Zip Code 12303	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 980.00		

Full Name (Last, First, Middle Initial) C. Denise Gonick			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2011
Mailing Address 803 Via Marchella			Transaction ID : SA11AI.12369
City Schenectady	State NY	Zip Code 12303	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

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 40 OF 109
	<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	

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

Full Name (Last, First, Middle Initial) A. Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12370
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1120.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12371
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1190.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12372
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	EVP & Chief Legal Officer		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="210.00"/>
TOTAL 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 41 OF 109
	<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

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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 Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00	

Date of Receipt
09 / 22 / 2011
Transaction ID : SA11AI.12373

Amount of Each Receipt this Period
70.00

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

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Date of Receipt
10 / 06 / 2011
Transaction ID : SA11AI.12374

Amount of Each Receipt this Period
70.00

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

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.00	

Date of Receipt
10 / 20 / 2011
Transaction ID : SA11AI.12375

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 109
<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

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

Full Name (Last, First, Middle Initial) A. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="11"/> / <input type="text" value="03"/> / <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 : SA11AI.12376
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 <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1540.00"/>	<input type="text" value="70.00"/>

Full Name (Last, First, Middle Initial) B. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="11"/> / <input type="text" value="17"/> / <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 : SA11AI.12377
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 <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1610.00"/>	<input type="text" value="70.00"/>

Full Name (Last, First, Middle Initial) C. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="12"/> / <input type="text" value="01"/> / <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 : SA11AI.12378
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 <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1680.00"/>	<input type="text" value="70.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="210.00"/>
TOTAL 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 43 OF 109
	<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

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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 Schenectady	State NY	Zip Code 12303
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.12379

Amount of Each Receipt this Period
70.00

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

Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1820.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

Transaction ID : SA11AI.12380

Amount of Each Receipt this Period
70.00

C. Gale Harris
Full Name (Last, First, Middle Initial)

Mailing Address 19 Heritage Parkway

City Glenville	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Director, UM
---	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2011

Transaction ID : SA11AI.12409

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 44 OF 109
	<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	

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

A. Gale Harris
Full Name (Last, First, Middle Initial)

Mailing Address 19 Heritage Parkway

City Glenville	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Director, UM
---	----------------------------

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
07		14		2011

Transaction ID : SA11AI.12396

Amount of Each Receipt this Period

10.00

B. Gale Harris
Full Name (Last, First, Middle Initial)

Mailing Address 19 Heritage Parkway

City Glenville	State NY	Zip Code 12302
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Director, UM
---	----------------------------

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
07		28		2011

Transaction ID : SA11AI.12397

Amount of Each Receipt this Period

10.00

C. Gale Harris
Full Name (Last, First, Middle Initial)

Mailing Address 19 Heritage Parkway

City Glenville	State NY	Zip Code 12302
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Director, UM
---	----------------------------

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
08		11		2011

Transaction ID : SA11AI.12398

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 45 OF 109
<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

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

Full Name (Last, First, Middle Initial) A. Gale Harris		Date of Receipt MM / DD / YYYY 08 / 25 / 2011 Transaction ID : SA11AI.12399
Mailing Address 19 Heritage Parkway		Amount of Each Receipt this Period 10.00
City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Director, UM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) B. Gale Harris		Date of Receipt MM / DD / YYYY 09 / 08 / 2011 Transaction ID : SA11AI.12400
Mailing Address 19 Heritage Parkway		Amount of Each Receipt this Period 10.00
City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Director, UM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Gale Harris		Date of Receipt MM / DD / YYYY 09 / 22 / 2011 Transaction ID : SA11AI.12401
Mailing Address 19 Heritage Parkway		Amount of Each Receipt this Period 10.00
City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Director, UM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 46 OF 109
<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. Gale Harris		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2011 Transaction ID : SA11AI.12402
Mailing Address 19 Heritage Parkway		Amount of Each Receipt this Period 10.00
City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Director, UM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Gale Harris		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011 Transaction ID : SA11AI.12403
Mailing Address 19 Heritage Parkway		Amount of Each Receipt this Period 10.00
City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Director, UM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) C. Gale Harris		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2011 Transaction ID : SA11AI.12404
Mailing Address 19 Heritage Parkway		Amount of Each Receipt this Period 10.00
City Glenville	State NY	Zip Code 12302
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation Director, UM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 109
	<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

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

A. Gale Harris
Full Name (Last, First, Middle Initial)
Mailing Address 19 Heritage Parkway
City State Zip Code
Glenville NY 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MVP Health Care, Inc. Director, UM
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 17 / 2011
Transaction ID : SA11AI.12405
Amount of Each Receipt this Period
10.00

B. Gale Harris
Full Name (Last, First, Middle Initial)
Mailing Address 19 Heritage Parkway
City State Zip Code
Glenville NY 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MVP Health Care, Inc. Director, UM
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
12 / 01 / 2011
Transaction ID : SA11AI.12406
Amount of Each Receipt this Period
10.00

C. Gale Harris
Full Name (Last, First, Middle Initial)
Mailing Address 19 Heritage Parkway
City State Zip Code
Glenville NY 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
MVP Health Care, Inc. Director, UM
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
370.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : SA11AI.12407
Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 48 OF 109
<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

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

A. Gale Harris
Full Name (Last, First, Middle Initial)
Mailing Address 19 Heritage Parkway
City Glenville State NY Zip Code 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Director, UM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2011
Transaction ID : SA11AI.12408
Amount of Each Receipt this Period
10.00

B. Christopher Henchey
Full Name (Last, First, Middle Initial)
Mailing Address 144 Berry Rd
City Loudon State NH Zip Code 03307
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Vice President
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
08 / 11 / 2011
Transaction ID : SA11AI.12413
Amount of Each Receipt this Period
80.00

c. Christopher Henchey
Full Name (Last, First, Middle Initial)
Mailing Address 144 Berry Rd
City Loudon State NH Zip Code 03307
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2011
Transaction ID : SA11AI.12414
Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
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 109
	<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

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

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

Mailing Address 144 Berry Rd

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation 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
09 / 08 / 2011

Transaction ID : SA11AI.12415

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Rd

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. 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
09 / 22 / 2011

Transaction ID : SA11AI.12416

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Rd

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. 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
10 / 06 / 2011

Transaction ID : SA11AI.12417

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 50 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 144 Berry Rd

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt
10 / 20 / 2011

Transaction ID : SA11AI.12418

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Rd

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt
11 / 03 / 2011

Transaction ID : SA11AI.12419

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Rd

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care, Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
11 / 17 / 2011

Transaction ID : SA11AI.12420

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: (check only one)	PAGE 51 OF 109
	<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	

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

Full Name (Last, First, Middle Initial) A. Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Rd			<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12421
Loudon	NH	03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="880.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Rd			<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12422
Loudon	NH	03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="960.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Rd			<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12423
Loudon	NH	03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	Vice President		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1040.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
TOTAL 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: PAGE 52 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 South
 City Loudonville State NY Zip Code 12211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 12 / 2011
Transaction ID : SA11AI.12428
 Amount of Each Receipt this Period 60.00

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

Date of Receipt 08 / 26 / 2011
Transaction ID : SA11AI.12429
 Amount of Each Receipt this Period 60.00

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

Date of Receipt 09 / 09 / 2011
Transaction ID : SA11AI.12430
 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 53 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1 Loudon Heights South

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
09 / 23 / 2011

Transaction ID : SA11AI.12431

Amount of Each Receipt this Period
60.00

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

Mailing Address 1 Loudon Heights South

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
10 / 07 / 2011

Transaction ID : SA11AI.12432

Amount of Each Receipt this Period
60.00

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

Mailing Address 1 Loudon Heights South

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
10 / 21 / 2011

Transaction ID : SA11AI.12433

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 54 OF 109
	<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	

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

Full Name (Last, First, Middle Initial) A. David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City Loudonville State NY Zip Code 12211		Transaction ID : SA11AI.12434
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing		<input type="text" value="600.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Loudonville State NY Zip Code 12211		Transaction ID : SA11AI.12435
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing		<input type="text" value="60.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="660.00"/>	

Full Name (Last, First, Middle Initial) C. David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City Loudonville State NY Zip Code 12211		Transaction ID : SA11AI.12436
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Occupation EVP, Sales and Marketing		<input type="text" value="60.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="720.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
TOTAL 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 55 OF 109
	<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

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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 South

City Loudonville	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP, Sales and Marketing
---	--

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
12	/	16	/	2011

Transaction ID : SA11AI.12437

Amount of Each Receipt this Period

60.00

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

Mailing Address 1 Loudon Heights South

City Loudonville	State NY	Zip Code 12211
---------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation EVP, Sales and Marketing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2011

Transaction ID : SA11AI.12438

Amount of Each Receipt this Period

60.00

C. 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, Inc.	Occupation EVP/Chief Medical Officer
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2011

Transaction ID : SA11AI.12456

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1120.00
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 56 OF 109
	(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

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

Full Name (Last, First, Middle Initial) A. Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Dr.		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Schenectady	NY	12306
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12482
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Dr.		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Schenectady	NY	12306
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12483
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Dr.		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City	State	Zip Code
Schenectady	NY	12306
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.12484
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
TOTAL 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 57 OF 109
	<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	

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

Full Name (Last, First, Middle Initial) A. Rosemarie Hogan			Date of Receipt
Mailing Address 45 Crestwood Dr.			<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12485
Schenectady	NY	12306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	Director of Operations		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. James Hopsicker			Date of Receipt
Mailing Address 4209 Oakdale Ct.			<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12487
Schenectady	NY	12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="750.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	VP Pharmacy		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Kevin Husted			Date of Receipt
Mailing Address 38 Fox Hill Dr			<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City	State	Zip Code	Transaction ID : SA11AI.12528
Fairport	NY	14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
MVP Health Care, Inc.	VP Information Technology		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL 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 58 OF 109
	<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

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

Full Name (Last, First, Middle Initial)
A. Kevin Husted

Mailing Address 38 Fox Hill Dr

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
10		20		2011

Transaction ID : SA11AI.12529

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Kevin Husted

Mailing Address 38 Fox Hill Dr

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
11		03		2011

Transaction ID : SA11AI.12530

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Kevin Husted

Mailing Address 38 Fox Hill Dr

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
11		17		2011

Transaction ID : SA11AI.12531

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 109
	<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	

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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 Dr

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
12	/	01	/	2011

Transaction ID : SA11AI.12532

Amount of Each Receipt this Period

30.00

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

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
12	/	15	/	2011

Transaction ID : SA11AI.12533

Amount of Each Receipt this Period

30.00

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

City Fairport	State NY	Zip Code 14450
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation 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
12	/	29	/	2011

Transaction ID : SA11AI.12534

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 60 OF 109
	<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

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

A. Dawn K Jablonski
Full Name (Last, First, Middle Initial)

Mailing Address 64 Sutherland

City State Zip Code
Watervliet NY 12189

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

Name of Employer Occupation
MVP Health Care, Inc. 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
09 / 09 / 2011
Transaction ID : SA11AI.12556

Amount of Each Receipt this Period
40.00

B. Dawn K Jablonski
Full Name (Last, First, Middle Initial)

Mailing Address 64 Sutherland

City State Zip Code
Watervliet NY 12189

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

Name of Employer Occupation
MVP Health Care, Inc. VP of Legal Affairs

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
09 / 23 / 2011
Transaction ID : SA11AI.12557

Amount of Each Receipt this Period
40.00

C. Dawn K Jablonski
Full Name (Last, First, Middle Initial)

Mailing Address 64 Sutherland

City State Zip Code
Watervliet NY 12189

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

Name of Employer Occupation
MVP Health Care, Inc. VP of Legal Affairs

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
10 / 07 / 2011
Transaction ID : SA11AI.12558

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 61 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. VP of Legal Affairs
 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
 10 / 21 / 2011
Transaction ID : SA11AI.12559
 Amount of Each Receipt this Period
 40.00

B. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. 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
 11 / 04 / 2011
Transaction ID : SA11AI.12560
 Amount of Each Receipt this Period
 40.00

C. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. 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
 11 / 18 / 2011
Transaction ID : SA11AI.12561
 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 62 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. 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
 12 / 02 / 2011
Transaction ID : SA11AI.12562
 Amount of Each Receipt this Period
 40.00

B. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. VP of Legal Affairs
 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
 12 / 16 / 2011
Transaction ID : SA11AI.12563
 Amount of Each Receipt this Period
 40.00

C. Dawn K Jablonski
 Full Name (Last, First, Middle Initial)
 Mailing Address 64 Sutherland
 City State Zip Code
 Watervliet NY 12189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. VP of Legal Affairs
 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
 12 / 30 / 2011
Transaction ID : SA11AI.12564
 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 63 OF 109
<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

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

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

Mailing Address 44 Surrey Mall

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Health Care, Inc. Occupation VP Facility Contracting

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
 08 / 09 / 2011

Transaction ID : SA11AI.12606

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1 Summit Ct Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. 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
 10 / 06 / 2011

Transaction ID : SA11AI.12711

Amount of Each Receipt this Period
 30.00

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

Mailing Address 1 Summit Ct Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. 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
 10 / 20 / 2011

Transaction ID : SA11AI.12712

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional).....▶	360.00
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 64 OF 109
	<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

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

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

Mailing Address 1 Summit Ct
Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
11 / 03 / 2011
Transaction ID : SA11Al.12713

Amount of Each Receipt this Period
30.00

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

Mailing Address 1 Summit Ct
Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
11 / 17 / 2011
Transaction ID : SA11Al.12714

Amount of Each Receipt this Period
30.00

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

Mailing Address 1 Summit Ct
Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
12 / 01 / 2011
Transaction ID : SA11Al.12715

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 65 OF 109
	<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

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

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

Mailing Address 1 Summit Ct
Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11AI.12716

Amount of Each Receipt this Period
30.00

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

Mailing Address 1 Summit Ct
Suite 200

City Fishkill State NY Zip Code 12524

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

Name of Employer MVP Health Care, Inc. Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
12 / 29 / 2011
Transaction ID : SA11AI.12717

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Ln

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Health Care, Inc. Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 06 / 2011
Transaction ID : SA11AI.12735

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 66 OF 109
<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

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

A. William Little
Full Name (Last, First, Middle Initial)
Mailing Address 300 Partridge Ln
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP
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
10 / 20 / 2011
Transaction ID : SA11AI.12736
Amount of Each Receipt this Period
30.00

B. William Little
Full Name (Last, First, Middle Initial)
Mailing Address 300 Partridge Ln
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP
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
11 / 03 / 2011
Transaction ID : SA11AI.12737
Amount of Each Receipt this Period
30.00

C. William Little
Full Name (Last, First, Middle Initial)
Mailing Address 300 Partridge Ln
City Charlotte State VT Zip Code 05445
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP
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
11 / 17 / 2011
Transaction ID : SA11AI.12738
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 67 OF 109
	<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. William Little

Mailing Address 300 Partridge Ln

City	State	Zip Code
Charlotte	VT	05445

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

Name of Employer	Occupation
MVP Health Care, Inc.	VP

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
12	/	01	/	2011

Transaction ID : SA11AI.12739

Amount of Each Receipt this Period

30.00

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

Mailing Address 300 Partridge Ln

City	State	Zip Code
Charlotte	VT	05445

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

Name of Employer	Occupation
MVP Health Care, Inc.	VP

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
12	/	15	/	2011

Transaction ID : SA11AI.12740

Amount of Each Receipt this Period

30.00

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

Mailing Address 300 Partridge Ln

City	State	Zip Code
Charlotte	VT	05445

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

Name of Employer	Occupation
MVP Health Care, Inc.	VP

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
12	/	29	/	2011

Transaction ID : SA11AI.12741

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 68 OF 109
	<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

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

A. Matthew Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1523 East Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Health Care, Inc. Occupation VP of Network Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 16 / 2011**

Transaction ID : SA11AI.12811

Amount of Each Receipt this Period **200.00**

B. Matthew Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1523 East Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Health Care, Inc. Occupation VP of Network Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 30 / 2011**

Transaction ID : SA11AI.12812

Amount of Each Receipt this Period **200.00**

C. Carl Maleri
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 Health Care, Inc. Occupation VP, Underwriting and Analysis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **09 / 22 / 2011**

Transaction ID : SA11AI.12819

Amount of Each Receipt this Period **40.00**

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 69 OF 109
	(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"/> 16
		<input type="checkbox"/> 17

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

A. Carl Maleri
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 Health Care, Inc.	Occupation VP, Underwriting and Analysis
---	---

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
10	/	06	/	2011

Transaction ID : SA11AI.12820

Amount of Each Receipt this Period
40.00

B. Carl Maleri
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 Health Care, Inc.	Occupation VP, Underwriting and Analysis
---	---

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
10	/	20	/	2011

Transaction ID : SA11AI.12821

Amount of Each Receipt this Period
40.00

C. Carl Maleri
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 Health Care, Inc.	Occupation VP, Underwriting and Analysis
---	---

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
11	/	03	/	2011

Transaction ID : SA11AI.12822

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 70 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Carl Maleri
 Full Name (Last, First, Middle Initial)
 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 Health Care, Inc. 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 Y Y
 11 / 17 / 2011
Transaction ID : SA11AI.12823
 Amount of Each Receipt this Period
 40.00

B. Carl Maleri
 Full Name (Last, First, Middle Initial)
 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 Health Care, Inc. 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 Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.12824
 Amount of Each Receipt this Period
 40.00

C. Carl Maleri
 Full Name (Last, First, Middle Initial)
 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 Health Care, Inc. 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 Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.12825
 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 71 OF 109
	<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

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

A. Carl Maleri
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 Health Care, Inc.	Occupation VP, Underwriting and Analysis
---	---

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
12	/	29	/	2011

Transaction ID : SA11AI.12826

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
--------	--------	--------	--------	--------

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, Inc.	Occupation VP Marketing
---	----------------------------

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
10	/	06	/	2011

Transaction ID : SA11AI.12834

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
--------	--------	--------	--------	--------

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, Inc.	Occupation VP Marketing
---	----------------------------

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
10	/	20	/	2011

Transaction ID : SA11AI.12835

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
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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: PAGE 72 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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, Inc. VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 11 / 03 / 2011
Transaction ID : SA11AI.12836

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, Inc. VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 11 / 17 / 2011
Transaction ID : SA11AI.12837

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. 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, Inc. VP Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 12 / 01 / 2011
Transaction ID : SA11AI.12838

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 109
	<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

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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 Saratoga State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt
12 / 15 / 2011
Transaction ID : SA11AI.12839
Amount of Each Receipt this Period 30.00

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, Inc. Occupation VP Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt
12 / 29 / 2011
Transaction ID : SA11AI.12840
Amount of Each Receipt this Period 30.00

C. Laurie Metheny
Full Name (Last, First, Middle Initial)
Mailing Address 21 Joellen Dr
City Rochester State NY Zip Code 14626
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Business Excellence
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt
09 / 08 / 2011
Transaction ID : SA11AI.12868
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
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 109
	<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

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

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

Mailing Address 21 Joellen Dr

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care, Inc. Occupation VP, Business Excellence

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
09 / 22 / 2011

Transaction ID : SA11AI.12869

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Dr

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care, Inc. Occupation VP, Business Excellence

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
10 / 06 / 2011

Transaction ID : SA11AI.12870

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Dr

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care, Inc. Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : SA11AI.12871

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 75 OF 109
<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

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

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

Mailing Address 21 Joellen Dr

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Business Excellence
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Transaction ID : SA11Al.12872

Amount of Each Receipt this Period

50.00

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

Mailing Address 21 Joellen Dr

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	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
11	/	17	/	2011

Transaction ID : SA11Al.12873

Amount of Each Receipt this Period

50.00

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

Mailing Address 21 Joellen Dr

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation VP, Business Excellence
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **530.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11Al.12874

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: PAGE 76 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21 Joellen Dr

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care, Inc. Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011

Transaction ID : SA11AI.12875

Amount of Each Receipt this Period
50.00

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

Mailing Address 21 Joellen Dr

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Health Care, Inc. Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : SA11AI.12876

Amount of Each Receipt this Period
50.00

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

Mailing Address 54 Henderson Rd

City Glenmont State NY Zip Code 12077

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

Name of Employer MVP Health Care, Inc. Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2011

Transaction ID : SA11AI.12902

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: PAGE 77 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Morrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Henderson Rd
 City State Zip Code
 Glenmont NY 12077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. EVP, HR
 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
 09 / 22 / 2011
Transaction ID : SA11AI.12903
 Amount of Each Receipt this Period
 50.00

B. Richard Odorizzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 E. Claremont Dr
 City State Zip Code
 Voorheesville NY 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. Director of Finance
 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
 12 / 01 / 2011
Transaction ID : SA11AI.12973
 Amount of Each Receipt this Period
 20.00

C. Richard Odorizzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 E. Claremont Dr
 City State Zip Code
 Voorheesville NY 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Health Care, Inc. Director of Finance
 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
 12 / 15 / 2011
Transaction ID : SA11AI.12974
 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: (check only one)	PAGE 78 OF 109
	<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

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

Full Name (Last, First, Middle Initial)
A. Richard Odorizzi

Mailing Address 71 E. Claremont Dr

City Voorheesville State NY Zip Code 12186

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

Name of Employer MVP Health Care, Inc. Occupation 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
12 / 29 / 2011

Transaction ID : SA11AI.12975

Amount of Each Receipt this Period
20.00

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

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 ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2011

Transaction ID : SA11AI.12976

Amount of Each Receipt this Period
30.00

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

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2011

Transaction ID : SA11AI.12977

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 79 OF 109
<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

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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 ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	11	/	2011

Transaction ID : SA11Al.12978

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 ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2011

Transaction ID : SA11Al.12979

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 ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2011

Transaction ID : SA11Al.12980

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 80 OF 109
<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

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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 ▼ **570.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : SA11AI.12981

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 ▼ **600.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2011

Transaction ID : SA11AI.12982

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 ▼ **630.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2011

Transaction ID : SA11AI.12983

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 81 OF 109
<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

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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 ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Transaction ID : SA11AI.12984

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 ▼ **690.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2011

Transaction ID : SA11AI.12985

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11AI.12986

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 82 OF 109
	<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	

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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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.12987

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 ▼ **780.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

Transaction ID : SA11AI.12988

Amount of Each Receipt this Period

30.00

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

Mailing Address 5 Rockwood Drive

City Newburgh	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Account Manager
---	-------------------------------

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
10	/	21	/	2011

Transaction ID : SA11AI.13090

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 83 OF 109
<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

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

A. Christopher Reiss
Full Name (Last, First, Middle Initial)
Mailing Address 5 Rockwood Drive

City Newburgh	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Account Manager
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2011

Transaction ID : SA11AI.13091

Amount of Each Receipt this Period
10.00

B. Christopher Reiss
Full Name (Last, First, Middle Initial)
Mailing Address 5 Rockwood Drive

City Newburgh	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Account Manager
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2011

Transaction ID : SA11AI.13092

Amount of Each Receipt this Period
10.00

C. Christopher Reiss
Full Name (Last, First, Middle Initial)
Mailing Address 5 Rockwood Drive

City Newburgh	State NY	Zip Code 12550
------------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Account Manager
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	02	/	2011

Transaction ID : SA11AI.13093

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 84 OF 109
	<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	

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

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

Mailing Address 5 Rockwood Drive

City Newburgh State NY Zip Code 12550

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

Name of Employer MVP Health Care, Inc. Occupation Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2011
Transaction ID : SA11AI.13094

Amount of Each Receipt this Period
10.00

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

Mailing Address 5 Rockwood Drive

City Newburgh State NY Zip Code 12550

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

Name of Employer MVP Health Care, Inc. Occupation Account Manager

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
 12 / 30 / 2011
Transaction ID : SA11AI.13095

Amount of Each Receipt this Period
10.00

C. Jennifer Rice
Full Name (Last, First, Middle Initial)

Mailing Address 22 Hemlock Drive

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 VP of Medicaid & Safety Net Prods.

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
 12 / 16 / 2011
Transaction ID : SA11AI.13122

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **40.00**

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 85 OF 109
	(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

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

Full Name (Last, First, Middle Initial)
A. Jennifer Rice

Mailing Address 22 Hemlock Drive

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 VP of Medicaid & Safety Net Prods.

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
12 / 30 / 2011

Transaction ID : SA11AI.13123

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
B. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

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
09 / 23 / 2011

Transaction ID : SA11AI.13209

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

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
10 / 07 / 2011

Transaction ID : SA11AI.13210

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 86 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
10 / 21 / 2011

Transaction ID : SA11AI.13211

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
11 / 04 / 2011

Transaction ID : SA11AI.13212

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
11 / 18 / 2011

Transaction ID : SA11AI.13213

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 87 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

Full Name (Last, First, Middle Initial)
A. Thomas F. Ryan

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, Inc. Occupation VP of 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
 12 / 02 / 2011
Transaction ID : SA11AI.13214

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

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
 12 / 16 / 2011
Transaction ID : SA11AI.13215

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Thomas F. Ryan

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, Inc. Occupation VP of Underwriting

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
 12 / 30 / 2011
Transaction ID : SA11AI.13216

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 88 OF 109
	<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	

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

Full Name (Last, First, Middle Initial)
A. Daniel Sauer

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 06 / 2011
Transaction ID : SA11AI.13224

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Daniel Sauer

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
10 / 20 / 2011
Transaction ID : SA11AI.13225

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
C. Daniel Sauer

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt
11 / 03 / 2011
Transaction ID : SA11AI.13226

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 89 OF 109
<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

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

A. Daniel Sauer
Full Name (Last, First, Middle Initial)

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

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
11 / 17 / 2011

Transaction ID : SA11AI.13227

Amount of Each Receipt this Period
30.00

B. Daniel Sauer
Full Name (Last, First, Middle Initial)

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

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
12 / 01 / 2011

Transaction ID : SA11AI.13228

Amount of Each Receipt this Period
30.00

C. Daniel Sauer
Full Name (Last, First, Middle Initial)

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

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
12 / 15 / 2011

Transaction ID : SA11AI.13229

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 90 OF 109
	<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	

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

Full Name (Last, First, Middle Initial)
A. Daniel Sauer

Mailing Address 160 Fifth Ave

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP Health Care, Inc. VP Sales

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
12 / 29 / 2011
Transaction ID : SA11AI.13230

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Tracy Tadar-Ott

Mailing Address 33 Everett Dr

City State Zip Code
Rochester NY 14624

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

Name of Employer Occupation
MVP Health Care, Inc. VP, Sales

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
09 / 08 / 2011
Transaction ID : SA11AI.13378

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. Tracy Tadar-Ott

Mailing Address 33 Everett Dr

City State Zip Code
Rochester NY 14624

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

Name of Employer Occupation
MVP Health Care, Inc. VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011
Transaction ID : SA11AI.13379

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	130.00
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 91 OF 109
	<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	

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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 Dr
City Rochester State NY Zip Code 14624
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 340.00

Date of Receipt 10 / 06 / 2011
Transaction ID : SA11AI.13380
Amount of Each Receipt this Period 50.00

B. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Dr
City Rochester State NY Zip Code 14624
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 10 / 20 / 2011
Transaction ID : SA11AI.13381
Amount of Each Receipt this Period 50.00

C. Tracy Tadar-Ott
Full Name (Last, First, Middle Initial)
Mailing Address 33 Everett Dr
City Rochester State NY Zip Code 14624
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation VP, Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 03 / 2011
Transaction ID : SA11AI.13382
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:	PAGE 92 OF 109
	(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

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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 Dr

City Rochester State NY Zip Code 14624

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

Name of Employer MVP Health Care, Inc. Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : SA11AI.13383

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Tracy Tadar-Ott

Mailing Address 33 Everett Dr

City Rochester State NY Zip Code 14624

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

Name of Employer MVP Health Care, Inc. Occupation VP, Sales

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
 12 / 01 / 2011
Transaction ID : SA11AI.13384

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
c. Tracy Tadar-Ott

Mailing Address 33 Everett Dr

City Rochester State NY Zip Code 14624

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

Name of Employer MVP Health Care, Inc. Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : SA11AI.13385

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 93 OF 109
	<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

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

Full Name (Last, First, Middle Initial) A. Tracy Tadar-Ott			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011 Transaction ID : SA11AI.13386
Mailing Address 33 Everett Dr			Amount of Each Receipt this Period 50.00
City Rochester	State NY	Zip Code 14624	
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care, Inc.	Occupation VP, Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00		

Full Name (Last, First, Middle Initial) B. AJ Tate			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2011 Transaction ID : SA11AI.13395
Mailing Address PO Box 10423			Amount of Each Receipt this Period 10.00
City Rochester	State NY	Zip Code 14610	
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care, Inc.	Occupation Director, Medicare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) C. AJ Tate			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2011 Transaction ID : SA11AI.13396
Mailing Address PO Box 10423			Amount of Each Receipt this Period 10.00
City Rochester	State NY	Zip Code 14610	
FEC ID number of contributing federal political committee. C			
Name of Employer MVP Health Care, Inc.	Occupation Director, Medicare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

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 94 OF 109
	<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

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

Full Name (Last, First, Middle Initial)
A. AJ Tate

Mailing Address PO Box 10423

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Health Care, Inc. Occupation Director, Medicare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 18 / 2011

Transaction ID : SA11AI.13397

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. AJ Tate

Mailing Address PO Box 10423

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Health Care, Inc. Occupation Director, Medicare

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
12 / 02 / 2011

Transaction ID : SA11AI.13398

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
C. AJ Tate

Mailing Address PO Box 10423

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Health Care, Inc. Occupation Director, Medicare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 16 / 2011

Transaction ID : SA11AI.13399

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **30.00**

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 96 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John Vangraafeiland
 Full Name (Last, First, Middle Initial)
 Mailing Address 89 Massey St
 City Westfield State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : SA11AI.13466
 Amount of Each Receipt this Period
 30.00

B. John Vangraafeiland
 Full Name (Last, First, Middle Initial)
 Mailing Address 89 Massey St
 City Westfield State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011
Transaction ID : SA11AI.13467
 Amount of Each Receipt this Period
 30.00

C. John Vangraafeiland
 Full Name (Last, First, Middle Initial)
 Mailing Address 89 Massey St
 City Westfield State MA Zip Code 01085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2011
Transaction ID : SA11AI.13468
 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 97 OF 109
	(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

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

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

Mailing Address 89 Massey St

City Westfield	State MA	Zip Code 01085
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation CIO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.13469

Amount of Each Receipt this Period

30.00

B. John Vangraafeiland
Full Name (Last, First, Middle Initial)

Mailing Address 89 Massey St

City Westfield	State MA	Zip Code 01085
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation CIO
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2011

Transaction ID : SA11AI.13470

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 ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2011

Transaction ID : SA11AI.13497

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 98 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2011
Transaction ID : SA11AI.13498
 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 ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2011
Transaction ID : SA11AI.13499
 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 ▼ 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2011
Transaction ID : SA11AI.13500
 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 99 OF 109
	<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	

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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 ▼ **540.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	08	/	2011

Transaction ID : SA11AI.13501

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 ▼ **570.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	22	/	2011

Transaction ID : SA11AI.13502

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 ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	06	/	2011

Transaction ID : SA11AI.13503

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 100 OF 109
	<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

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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 ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2011

Transaction ID : SA11AI.13504

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 ▼
660.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

Transaction ID : SA11AI.13505

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 ▼
690.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2011

Transaction ID : SA11AI.13506

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 101 OF 109
	<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	

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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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

Transaction ID : SA11AI.13507

Amount of Each Receipt this Period

40.00

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 ▼ **720.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2011

Transaction ID : SA11AI.13508

Amount of Each Receipt this Period

0.00

0.00

C. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia	State NY	Zip Code 12302
----------------	-------------	-------------------

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

Name of Employer MVP Health Care, Inc.	Occupation Sales Manager- East Region
---	--

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
10	/	21	/	2011

Transaction ID : SA11AI.13517

Amount of Each Receipt this Period

10.00

10.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 102 OF 109
	<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	

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

Full Name (Last, First, Middle Initial) A. Matthew Walkuski		Date of Receipt
Mailing Address 11 Lillian Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City	State	Zip Code
Scotia	NY	12302
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.13518
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	Sales Manager- East Region	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Matthew Walkuski		Date of Receipt
Mailing Address 11 Lillian Drive		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City	State	Zip Code
Scotia	NY	12302
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.13519
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	Sales Manager- East Region	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Matthew Walkuski		Date of Receipt
Mailing Address 11 Lillian Drive		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City	State	Zip Code
Scotia	NY	12302
FEC ID number of contributing federal political committee.		Transaction ID : SA11Al.13520
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
MVP Health Care, Inc.	Sales Manager- East Region	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL 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 103 OF 109
	<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	

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

A. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care, Inc. Occupation Sales Manager- East Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2011

Transaction ID : SA11AI.13521

Amount of Each Receipt this Period
10.00

B. Matthew Walkuski
Full Name (Last, First, Middle Initial)

Mailing Address 11 Lillian Drive

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Health Care, Inc. Occupation Sales Manager- East Region

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
 12 / 30 / 2011

Transaction ID : SA11AI.13522

Amount of Each Receipt this Period
10.00

C. Pam Walsh
Full Name (Last, First, Middle Initial)

Mailing Address 3011 Patrick Road

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Health Care, Inc. Occupation Director, Financial Planning

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
 09 / 02 / 2011

Transaction ID : SA11AI.13543

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	270.00
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 104 OF 109
	<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	

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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	State	Zip Code
Loudon	NY	03307

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

Name of Employer	Occupation
MVP Health Care, Inc.	Sales Director - NH/VT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 / /
Transaction ID : SA11AI.13566

Amount of Each Receipt this Period

B. Peter Whitehouse
Full Name (Last, First, Middle Initial)

Mailing Address 16 Oak Hill Drive

City	State	Zip Code
Loudon	NY	03307

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

Name of Employer	Occupation
MVP Health Care, Inc.	Sales Director - NH/VT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 / /
Transaction ID : SA11AI.13567

Amount of Each Receipt this Period

C. Peter Whitehouse
Full Name (Last, First, Middle Initial)

Mailing Address 16 Oak Hill Drive

City	State	Zip Code
Loudon	NY	03307

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

Name of Employer	Occupation
MVP Health Care, Inc.	Sales Director - NH/VT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 / /
Transaction ID : SA11AI.13568

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL 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 105 OF 109
	<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

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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 NY	Zip Code 03307
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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
11	/	17	/	2011

Transaction ID : SA11AI.13569

Amount of Each Receipt this Period

300.00

B. Peter Whitehouse
Full Name (Last, First, Middle Initial)

Mailing Address 16 Oak Hill Drive

City Loudon	State NY	Zip Code 03307
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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
12	/	01	/	2011

Transaction ID : SA11AI.13570

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 NY	Zip Code 03307
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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
12	/	15	/	2011

Transaction ID : SA11AI.13571

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 106 OF 109
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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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 NY 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
 12 / 29 / 2011
Transaction ID : SA11AI.13572
 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

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	15560.00

**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

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

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 1020 N. Fairfax Street, Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

011

Candidate Name

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
10			25			2011			

Transaction ID : SB23.13703

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHRIS GIBSON FOR CONGRESS

Mailing Address PO Box 247

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

CHRIS P GIBSON

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2011			

Transaction ID : SB23.13693

Amount of Each Disbursement this Period

0.00

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

Category/
Type

CHRIS P GIBSON

Office Sought: House Senate President

Disbursement For: 2012
 Primary General Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			04			2011			

Transaction ID : SB23.13695

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1250.00

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**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

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

Full Name (Last, First, Middle Initial)

A. Crowley for Congress

Mailing Address c/o Dynamic SRG
139 Malcom X Blvd. Ste 1

City New York State NY Zip Code 10026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Crowley

Office Sought: House
 Senate
 President
State: NY District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 14 / 2011

Transaction ID : SB23.13708

Amount of Each Disbursement this Period
500.00

Full Name (Last, First, Middle Initial)

B. Friends of Mark Warner

Mailing Address 10 G. Street, NE
Suite 570

City Washington, DC State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mark R. Warner

Office Sought: House
 Senate
 President
State: VA District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
10 / 25 / 2011

Transaction ID : SB23.13700

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

C. Kelly PAC

Mailing Address c/o The Gula Graham Group
a499 S. Capitol St., SW, Ste. 420

City Washington DC State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
12 / 13 / 2011

Transaction ID : SB23.13705

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00
7750.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 109 OF 109
	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 Deluxe Business Checks	Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572	
City State Zip Code Cincinnati OH 45274	

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>	Transaction ID : SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="145.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done	Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street	
City State Zip Code Schenectady NY 12305	

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>	Transaction ID : SD10.4165	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="483.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="483.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="483.00"/>